TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be tilled within with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT If Hem 21 is marked or Hem. 18 shows ony injury, or other troumotic event, the medic

director, page 3

STATE OF MARYLAND

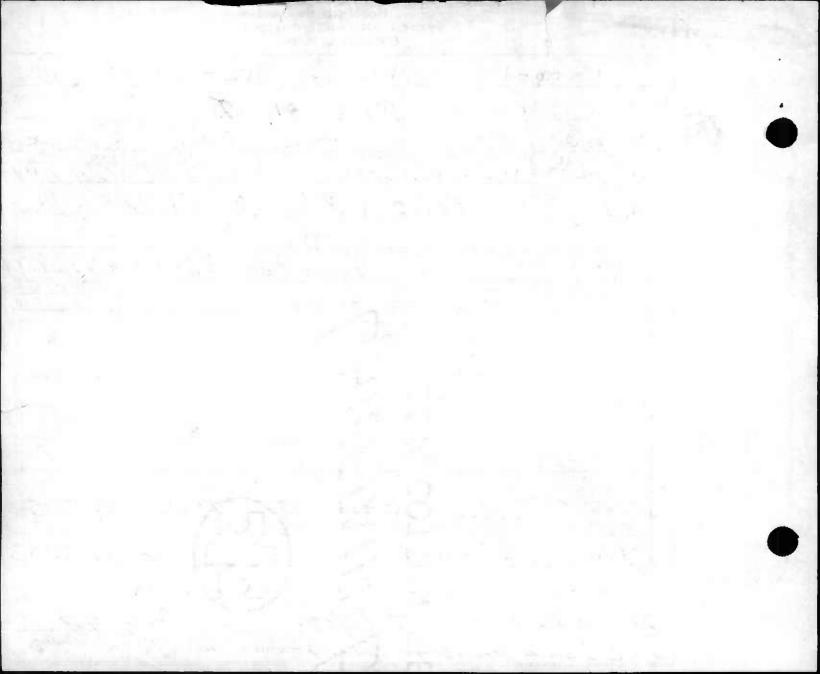
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR			DEFARIN		ICATE OF DEATH	REG. I	NO.		
	CEASED NAME	FIRST	. A	AIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE	ORPRINT) Le	onar	rd -	f	37df	sham	12-	79-	83	10 PM
3. SE	Κ	4.	RACE		5. DATE C	OF BIRTH	6 AGE IN YEARS LAST E	IRTHDAY)	IF UNDER 1 YEAR	
M	iale		Blac	K	ONONT	25 01	820	YRS	MONTHS DATS	HOURS MIN.
	RTHPLACE (STATE OF F	OREIGN 76		WHAT COUNTRY?	8		9. BALTIMORE CITY	OR COUN	TY OF DEATH	
1	Jarylan	A	USA		WIDOWE	D NEVER MARRIED	Cita	_	Balt	tima RMD.
10. C	TY OR TOWN OF DEA	TH 11			G HOME C	OR OTHER INSTITUTION	12s. USUAL OCQUPA	TION		OF BUSINESS OR
B	altimo		MES	H FACILITY, GIVE STREET A	tigi	10:	Land	W	INDBSTRY	bady
USU/ 130. S	AL RESIDENCE DE NURS	13b. COUNTY		GHT RESOURCE REPORT	- ISSION)	13d. INSIDE CITY LIMITS?	13 OTREET ADDRESS	11 11	2000	New
	Md.			BALL	2	YES NO	- Walnut	HULL	[]wrown	NOAD
14. FA	THER'S NAME FIRST	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME > MIDDLE		100	ir /
	VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUI	RITY NO.	Rasmen &	Jarrell 2	RESS	Tullon II.	Burlen 1.)
	18 CAUSE OF DEAT	H.Cata, cal.		line for (a) (b) one	l rath	The state of the s			APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED	BY:	espirat	20	fail. =			BETWEEN	ONSEI AND DEATHS
	1401 7	IMMEDIATE	CAUSE (o)	C361101	ord	Juliaz				
1000	7860			R AS A CONSEQUE						
1	Conditions, if ony, gave rise to imm		(b)_	SUCAW	anic	2				
	cause (a), statin	ig the	DUE TO, OF	AS A CONSEQUE	NCE OF					
	underlying couse	lost.	(0)	troqui	CCI	210				
	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION G	EIVEN IN PART 1	0
O	Chron	7 5	chal	taile	324					
CAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
TIFIC							YES NO		YES [NO [
CERTIFICATION	210. ACCIDENT WAS UND		21b. TIME O		V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART I OR PART 2)	
AL	OR CONTRIBUTING (P./	M. MONTH DA	19					
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		21f. LOCATION				
¥	WHILE NOT WH		(AT HOME, STR	EET, FACTORY OFFICE, FA	ARM, ETC.)	STREET	CITY OR	OWN	COUNTY	STATE
	22a.1 certify that (1)) attended the	e deceased from_	12 -	26 1983	10 12 - 2	9	1983	that (I) (we) ost
	sow the decease	ed olive on_	12-	195	3	nd that in (my (our) opinion	death accurred on the	date and h		
	above, (I) (we) (c 22b. SIGNATURE	did) (did not)	view the body	ofter death.		DEGREE			22c DATE	SIGNED
	D1 100	00.40	60	20000	0	ATTENDING		AFF	17-	-79-27
	22d PHYSICIAN'S N	nure	00	XXXIIXX	000	PHYSICIAN [DIRECTOR PHYS	ICIAN	1 4-	2(0)
71			_			1 A A	11	1		
	Jean	Dring	- 200	under!	>	Mercy	4050	40		
23a. E	BURIAL, CREMATION.	REMOVAL	23b. DATE	1 0 1 23c N	AME OF	EMETERY OR CREMATORY	23d LOCATION	0	Cherton	2 sten
(0)	BILLIA	12 10	1/4	84 7	7. (alram	4.4	600	de Me	0
24	MEDAL DUNCTOR	1				25-DA1	E DEGIN BY BECASTO	PITTIN DEC	BET AD'S SHEET AT	Time of the

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital or attending physician.



	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	REG. NO		102
		CEASED NAME FIRST OR PRINT!	MIDDLE	LA	ST	20 DATE OF DEATH M	AONTH DAY YEA	26 HOUR P
- 1		SHEI	LA	ABR	AMS	DECEMBER	29 1983	3 9:02 M
- 1	3. SEX		4. RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTH	MONTHS D	
	1	Female	Black	MONTH 1 C	24 51	32	YRS.	AIS INCOME INTO
11		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	XNEVER MARRIED	9 BALTIMORE CITY OR		Н
(1)		rvland	U.S.A.	WIDOWE		BALTIMOR	RE CITY	MD.
5	_	TY OR TOWN OF DEATH	1) NAME OF HOSPITAL, NURS	SING HOME O		12a USUAL OCCUPATIO		ND OF BUSINESS OR
3		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRI		S HOSPITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	IRY
1		AL RESIDENCE (IF NURSING HOME	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)			Taran data	
h		TATE NIL COU			13d. INSIDE CITY LIMITS?	909 N B	roadway	21231
/	_	Iaryland I	Balti	more	YES NO 15. MOTHER'S MAIDEN N		Ioadway	21231
γ_{i}	14 FA	FIRST	MIDDLE	1	FIRST	WIDDLE	0.	TAST
ν		Willie	Harr		Erma	ADDRES		rens
/		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRES	55	
		KNOWN	213-5	4-4013	Erma Harr	is 2207 Or		PROXIMATE INTERVAL
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONST	Compe		hrome Activ		Thour 3 days its 6 mo
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O CLARY	NOT RELATED TO THE TER	1 / .	Travascul	10 1-1-1
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART I OR PAR	rī 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	NN COUNT	TY STATE
			pitol) attemed the deceased from	83.01	nd that is (my) (our) opinio	n deoth Dccurred on the do		n the couses stoted ATE SIGNED
1		22d, PHYSICIAN'S NAME (TYPE	Molger 11	ND	ATTENDING PHYSICIAN	MEDICAL STAF	IAN DO	ec 29/83
		Graeme	B. BOLG	ER	Raltes	none	nd Thea	205

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL BEFRITAL 236. DATE 1/4/84

Graeme

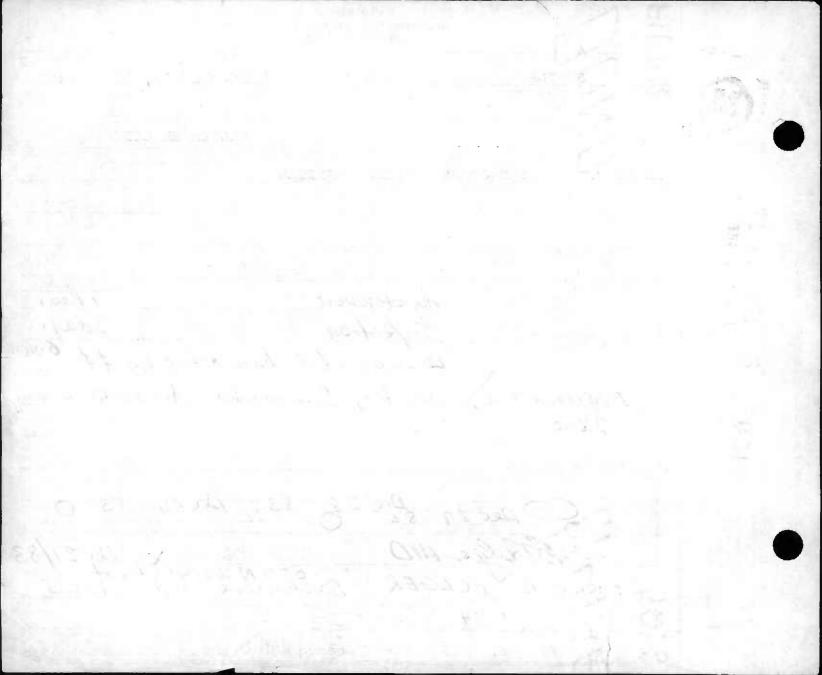
231 NAME OF CEMETERY OR CREMATORY Mount Auburn Cem.

23d LOCATION
Baltimore,

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Wm Came March F/H Inc, 1101 North Avenue

Md .



offending physicion ATTENDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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event, the

injury, or other troumotic

ony

MPORTANT: If them 21 is morked or them 18 shows

CERTIFICATION

MEDICAL

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	o.	4	US
CEASED NAME	FIRST	A	AIDDLE	į.	AST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Josep	oh	R.	0.	ADA	MS	Decemb	er 5	1983	5:00 A M
(4. RA	CE		5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Male	V	Vhite			ch 25 1903	80	YRS.	MONTHS DATS	HOURS MIN.
RTHPLACE (STATE OR FOIL COUNTRY) New York	REIGN 7b. C	U.S	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Baltimo		Y OF DEATH	MD.
TY OR TOWN OF DEATH Baltimore	н 11. 1	NAME OF H	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Glennor	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
AL RESIDENCE (IF NURSIN STATE 1	G HOME OR OTHER 3b COUNTY	PINSTITUTION	give residence before 13%. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 5912 Glei	nnor	Rd.	21239
ATHER'S NAME	WIDDI		LAST		15. MOTHER'S MAIDEN NA	WE			1
Edward		117	Adam	S	Honor			Wheele	r
VAS DECEASED EVER IN VES. NO OR UNKNOWN) Yes	U.S. ARMED (IF YES, GIVE WAR	OR DATES)	166. SOCIAL SECU 184–05–		17. INFORMANT Alice A. N	ADDRI Miller Ba		re, Md	MATE INTERVAL
Conditions, if ony, gove rise to imme couse (0), stating underlying couse	which diote	(b)	R AS A CONSEQUE	NCE OF	igo carlial				
PART 2. OTHER SIGNI	FICANT CONE	DITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	
19a DATE OF OPERATION	NC	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN IFYING CAUSES ES	
21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	216. TIME O HOUR A.I P.I	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART 1 OR PART 2)	700
21d INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK		216. PLACE ((AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
22a.l certify that (I) (to sow the deceased above, (I) (ma) (did	olive on	11/3	19	,	nd that in (my) (our) opinion DEGREE	deoth occurred on the d	ote and ha	22c. DATE	SIGNED
224 PHYSICIAN'S NAM	AE THE OF PRIN	(A)	no St	2	ATTENDING PHYSICIAN [MEDICAL STA		14	1413

Joseph Z. Davids M.D.

5601 Loch Raven Blvd., Balto., Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 12-8-83 23t, NAME OF CEMETERY OR CREMATORY Baltimore National 23d. LOCATION CITY OR TOWN Balto.

COUNTY Md.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4)

BP.

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT)

Male BIRTHPLACE (STATE OR F COUNTRY

New York CITY OR TOWN OF DEA

SUAL RESIDENCE (IF NURS Md. 14. FATHER'S NAME Edward

160 WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes

3. SEX

Jenkins & Sons Co., Balto., Md.

25a, DATE REC'D, BY REGISTRAR 1983

HEGISTRAR'S SIGNATURE

Partition of the Change Fig. (Pro) with a ro. (Pro) with a ro. Bittle and the same of the sam Y Attac A. Miller Estain one, Mil. Jelan T. Ewel M. J. Lan Revan Revan Lave., Lathern amer W. Jan dina k agns Co., satto, , va. Illy I Was keep to Co.

5		1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF D	MENTAL HYGIEN	8 5 REG. NO	3 2	104	
a A	EN			IAM EARL	Adams 5. DATE OF BIRTH	5	DATE OF DEATH 12 AGE (IN YEARS LAST BIRT	HDAY) IF U	YEAR 26 HOURS	M
Poge 4	0.1	70.8	TIPLACE (STATE OR FOREIGN	COL 7b. CITIZEN OF WHAT COUNTRY?	12 - 4 -	OG P. E	74 BALTIMORE CITY OF	YRS. COUNTY OF	7.00.00	_
thread the	272	13	WOR OWN OF DEATH	U, S. A	NG HOME OR OTHER INST	VORCED 12a	Baltimo USUAL OCCUPATR	I NC	26. KIND OF BUSINESS OF	
ours offer	410			DEATON HEAD THE BEFORE	Center-		Retire	WORKING LIFE)	NDUSTRY	_
hin 24 h	(2)	M	Aryland 136 COUN	Baltim	ore YES	NO 2	504 RIG	s Av	= 21216	_
complete	(Su	4	John Adams	MIDDLE LAST MED FORCES? 166 SOCIAL SECU	Jen JRITY NO. 17 INFORMA	nie T	3214im	ore	LAST	_
to and	Je medic		OOR UNKNOWN) (IF YES, GIV	705 10	4006 MRSA	3	ams 250	4 Rig	OS AUE 212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	4
that the death certifical by the attending physical	ial, cremation, or remove or other traumatic event,		Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENCE OF	i gto	lung to	erre.		_
autoba.	or to but	CATION		CONDITIONS CONTRIBUTING TO						
The low	12	E .	190 DATE OF OPERATION	19b. CONDITION FOR WHICH			YES NO	IN CERTIFY IN		
CLAN. G physical metricical	199	CAL CERT	230. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	JURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
dG PHYS offendir fer flux	hond M	MEDIC	216. INJURY OCCURRED NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 21f. LOCATIO STREET		CITY OR TO	VN	COUNTY STATE	
TTENDS print or TOR AF	of Health		220.1 certify that (I) (this hospi sow the deceased alive on	ital) attended the deceased from 12 2 19 View the bady after death.	/ 7	(our) opinion deat	to 12 - 28 h occurred on the do		d from the causes stated	1
AL OR A	ote Dept		The SIGNATURE	at tou	DEGREE	ATTENDING D	AEDICAL STAP	F IAN 🗍	12/25 135	
HOSPIT FUNER FUNER	ORTAN		226 PHYSICIAN'S NAME (TYPE O	. //	228 ADDRES	is)	Corce	4 2/1)	13	

DHMH - 16 50M 4/82

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

BURIO

24 FUNERAL DIRECTOR Joseph L. Russ 2227 W. North Ave

23b. DATE 5-4-84

236 NAME OF CEMETERY OR CREMATORY

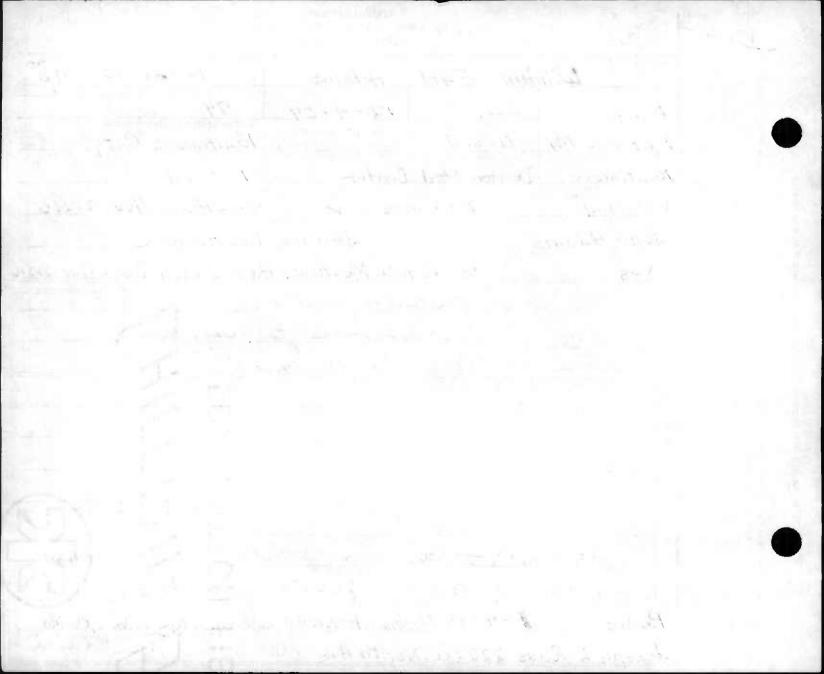
CHYDRION

CITY OR TOWN

CITY OR TOWN

COUNTY

COUNT



death certificate

es that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospitol or

1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	3 2	1	0 5
(TYP	CEASED NAME JOHN	Н	ALC.	Irid	Tal .	20. DATE OF D	10	22	YEAR 8	26 HOUR 5:48PM
3. SE	The second secon	RACE		5. DATE C	OAY YEAR	6. AGE (IN YEAR		MONT	HS DAYS	HOURS MIN.
	Male	Blad		1	22 18			YRS.		
	IRTHPLACE (STATE OR FOREIGN TO COUNTRY) OUISIANNA		WHAT COUNTRY?	MARRIEI WIDOWE		9. BALTIMORE Balti	more			MD.
Е	Saltimore	Mercy	HEACHLITY, GIVE STREET Hospit	address)	OR OTHER INSTITUTION	128. USUAL OC			ZB. KIND O NDUSTRY	OF BUSINESS OR
13e	ALRESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY		Baltimo	N	13d. INSIDE CITY LIMITS?	130. STREET AD		Str	eet	21230
14. F	ATHER'S NAME Willis	DOLE	Aldridg	ge	15. MOTHER'S MAIDEN NA FIRST Mary		MIDDLE		Jon	
16a \	WAS DECEASED EVER IN U.S. ARMI	D FORCES? VAR OR DATES)	433-12-		Mary Aldri	idge 46	70 Pi	mlic	o Ro	ad
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	BY: CAUSE (o) DUE TO, O(RAS ACONSEQUE	MON HEE OF R	ia spirotory o	liotus.	ssyno	dion	APPROX BETWEEN:	imate interval Onset and Death
NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	OR CONDITIO	N GIVEN I	N PART 10	0.
CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES T				NGS USED OF DEATH?
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER, NOTIFY MEDICAL EXAMINER)	216. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	RE OF INJURY IN IT	EM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC)	21f. LOCATION STREET		CITY ON TIPWE		COUNTY	STATE
	22a.1 certify that (I) (this haspita sow the deceased alive an above. (I) (we) (did) (did (ht)	17/	19	0 /00	nd that in (my) (our) opinion	, to	on the date or	10_ nd hour on	d from the	that (I) (we) last couses stated

23b. DATE

12/8/83

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF

Mills Md.

220 DATE SIGNE

236. BURIAL, CREMATION, REMOVAL BURIAL BP.

Wm C^M March F/H Inc. 1101^{PDRE}E North Avenu

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MATORY 234 LOCATION CITY OF TOWN DS T VA OWINGS M: 25 DEFREC D. BY REGISTRAR 256. Garrison Forest VA 1983

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

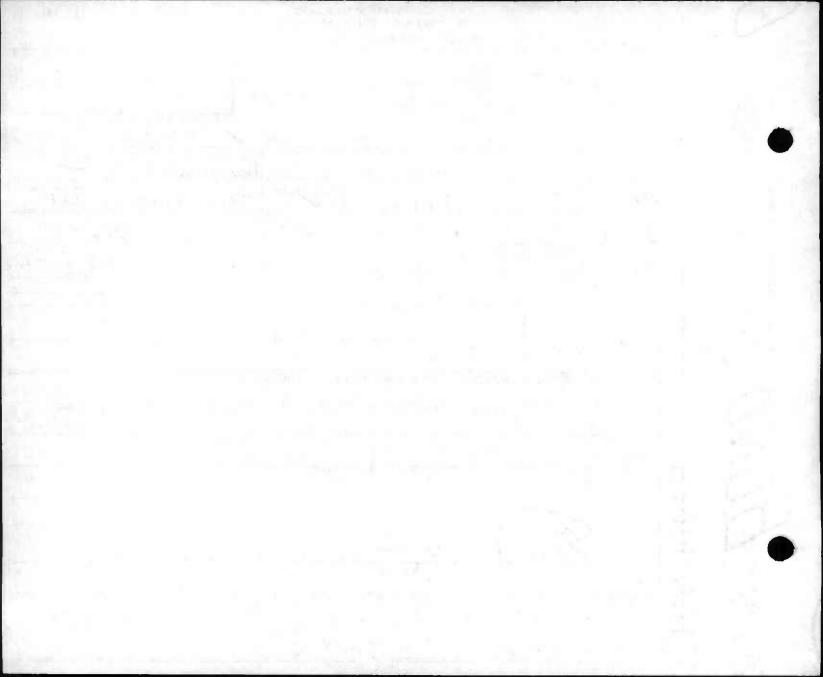
injury, or other troumotic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

have Delegated and the state of the state of Time. SALAN SERVICE SERVICE STATE OF THE SALAR SERVICE SERVI

DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYCLENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 2h HOUR 3119 83 2d HOUR 4:45P 198 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 21216 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES 🔽 NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE and in my opinion Balto., MD. STATE 00 24 FUNERAL DIRECTOR



ond 2 she

nding physici

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should be detached for use os the buriol-transit permit. Then please remave co with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

MPORTANT: If them 21 is marked or them 18 shows

TO FUNERAL DIRECTOR. After this certificate has bee

1	FOR STATE REGISTRAR	DEPA	STATE OF MAR ARTMENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYG	IENE REG. N	3 2 1	0 /
	ECEASED NAME FIRST	The P.	All cu-	14	20. DATE OF DEATH	MONTH DAY YEAR	65
3. SE		A.RACE white	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BI		
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED LI NEV	DIVORCED A	BAITIH	Ore . City	MD.
	Bastimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S HERCH HOSP	TREET ADDRESS)	NSTITUTION	IN STEPPEN	TOP WORKING LIFE) INDUST	to Mfg.
	JAL RESIDENCE (IF NURSING HOMEO STATE 13b. COU		TOWN 134. INSID	E CITY LIMITS?	130 STREET ADDRESS	Ken wood	21224
14. F	ATHER'S NAME FIRST CHARLES	MIDDLE LAST		FIRST	WIDDLE	Schilli	
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (HEYES, GI		6572 Mrs		ey Colburi	Edgewood, n 2926 Pe	Md. 210 mbrooke
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE OUE TO, OR AS A CONSE A CONSE DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE	ouence of with	elbre wome- ferial	endoce	editions to the second	ROXMATE INTERVAL EN ONSET AND DEATH CLUSTER CLUSTER
CERTIFICATION		CONDITIONS CONTRIBUTING			200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
AL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	V INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART	2)

MEDI 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s. I certify that (1) (this haspital) attended the deceased from that (It (we) lost

226. SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE

23d LOCATION

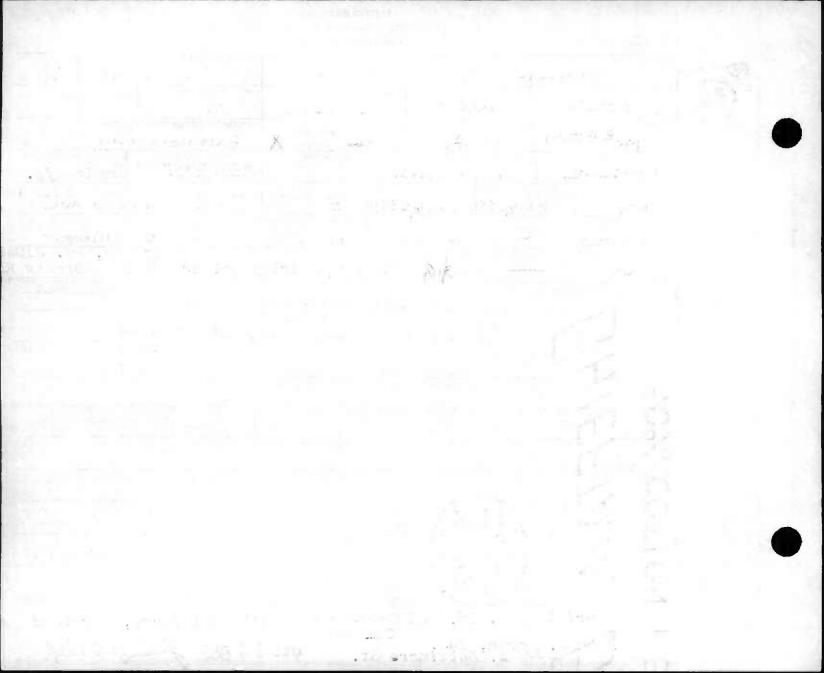
CITY OF TOWN

Balt Burial 15,1983 Gardens (SPECIFY) Dec. of imore Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Incoress Baltimore



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.								
0. DATE OF DEATH	MONTH	DAY	YEAR	2b H	(
Danasha	- 20	1	002	1.2				

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	4 1 0 0
I. DECEASED NAME FIRE	old MIDDLE	Allen	December 20	1983 26 HOUR
Male Male	4. RACE Black	5. DATE OF BIRTH 1°1" 1°5 4°4	6. AGE (IN YEARS LAST BIRTHDAY) 39 YRS.	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTY USA	RY? 8. MARRIED NEVER MARRIED WIDOWED S DIVORCED	Baltimore C:	
Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS) Aroline St.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
	OME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 130. CITY OR TO Balti	OWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1210 N. Caro	line St. 2121
14 FATHER'S NAME FIRST Robert	Allen	15 MOTHER'S MAIDEN NA Louise	WIDDLE	Winfrey
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (15)	ES. GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT 1-5226 Louise All	en 336 Duncan	Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS COMMITTED Conditions, if ony, white gave rise to immediate cause to immediate cause to immediate to imm	DUE TO, OR AS A CONSECT OF THE PLACE OF INJURY LATHOME STREET, FACTORY, OFFILIAL PLACE OF INJURY LATHOME STREET, PACTORY, OFFILIAL PLACE OF INJURY LATHOME STREET, PACTORY, OFFILIAL PLACE OF INJURY LATHOME STREET, PACTORY, OFFILIAL PLACE OF INJURY	OUENCE OF OUENCE OF TO DEATH BUT NOT RELATED TO THE TERM ICH OPERATION WAS PERFORMED OLI CALCEL + Cory DAY YEAR 19 211. LOCATION STREET 19 211. LOCATION STREET	MINAL DISEASE OR CONDITION GIV	ZEN IN PART Tro: S, WERE FINDINGS USED PYING CAUSES OF DEATH? S NO COUNTY STATE 19 3 that (I) (we) lost
230 BURIAL, CREMATION, REMO (SPECIFY) BURIAL	23b DATE 2 2 2 3 / 8 3	Mount Zion Cem.	23d LOCATION CITY OF TOWN Lansdowne,	COUNTY Md.

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR:

injury, or other troumotic

should be detoched for use os the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

TO HOSPITAL OR ATTENDING PHYSICIAN:

MPORTANT: If Item 21 is marked or Item 18 shows any

BURIAL 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E, North Aye (VRA 15, 4)

Mount Zion Cem. 250. DATE REC'D. BY REGISTRAR 256.

DEC 2 2 1983

Webstehle Freement Emmen Dulis Equancia cit enciones at tenjue " " agent to seems the homes 82 22 23 TUR C. CHORN

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Nours biffer death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ith. Page	rol direc 72 hours
pffer dec	the fune d within
A hours	iled in by old be file
d within b	pletely fi
execute	Pages 1 o
tificate be	physicior npopers. movol.
death cer	ottending ove carbo tian, or re
that the	d by the cease remo
requires	t. Then pl
The low icion.	nsit permi
IYSICIAN ding phys	buriol-tro Mental Hy
TO HOSPITAL OR ATTENDING PHYSICIAN. The Interior of the base of the hospital or offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.
OR ATTEN	thed for usept. of Ho
SPITAL C	NERAL L
TO HO etaine	should with th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	- STATE REGISTRAR		CERTIFICATE OF D	EATH	C NO			
1. DE	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEAT	G. NO. 'H MONTH DAY YEAR	Zb. HOUR		
	PE OR PRINT)	s H.	Allen		12 28 83	20.11001		
3. SE	Jame	4. RACE	5 DATE OF BIRTH	6 AGE LINYEARS LA		AR IF UNDER 24 H		
3. SE	EX.		MONTH DAY		MONIHS DAT			
	Male	Black	3 4	08 75	YRS.			
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY?	ARRIED 9 BALTIMORE CIT	TY OR COUNTY OF DEATH			
	Virginia	U.S.A	WIDOWED DIV	ORCED T Balti	more City			
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTI	ITUTION 120 USUAL OCCU	PATION 12b. KIND	OF BUSINESS		
	Balto.	Maryland (IRSING HOME OR OTHER INSTITUTE THE TADDRESS HOSPITAL	L Ret	ost of working Life) INDUSTR	Y		
	STATE 136 COUN	ITY Balti	SELOKE VOWI22ION	TY LIMITS? 113e STREET ADDRE	uid Hill Av	e.2121		
14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S	MAIDEN NAME				
1	James		len Sr	Katie	Al	len		
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMAN		DDRESS			
	(IF YES, GIVI	217-0	5-57874 Louis	se Allen 1102				
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), ond (c)		BETWEE	NONSET AND DEA		
		E CAUSE (0) Respi	RATORY A	RREST	1/2	hr.		
1	1/34							
1629 DUE TO, OR AS A CONSEQUENCE OF								
-	Conditions, if any, which			ReinomA	2	months		
	gove rise to immediate couse (a), stating the underlying couse last.	(b) Met	ASTATIC CA EQUENCE OF INOMA - LUNG	, CARCINOMA	eectum 3	K15		
NO	gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	(b) Meli due to, or as a consi (c) CARC conditions Contributing	ASTATIC CA EQUENCE OF INOMA - LUNG TO DEATH BUT NOT RELATED	CARCINOMA I	eectum 3	K15		
ATION	gove rise to immediate couse (a), stating the underlying couse last.	(b) Metolographic descriptions contributing	ASTATIC CA EQUENCE OF INOMA - LUNG	CARCINOMA I	Rectum 3 CONDITION GIVEN IN PART	DINGS USED		
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AL CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse last. PART 2. OTHER SIGNIFICANT C PART VS/S 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(b) MR1 DUE TO, OR AS A CONSI (c) CARC CONDITIONS CONTRIBUTING SECONDER V 196 CONDITION FOR WE 1196 TIME OF INJURY HOUR A.M. MONTH	ASTATIC CA EQUENCE OF LINOMA - LUNG TO DEATH BUT NOT RELATED TO THICH OPERATION WAS PERFOR	CARCINOMA I	Rectum 3 CONDITION GIVEN IN PART 200. IF YES, WERE FINI IN CERTIFYING CAUS YES YES	DINGS USED ES OF DEATH?		
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DHMH - 16 50M 1/81 (VRA 15, 4)

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that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN, The fow

ned by the hospital

STATE OF MARYLAND

-	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	D.			
		OR PRINT) FIRST ISAAC	ALONSO	MIDDLE		AST	20. DATE OF DEATH 12/24/83	MONTH D	AY YEAR	26. HO	UR 'IS AM
	3. SE)	(RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		FUNDER I YEA		ER 24 HRS
	1	Male	White		Non	7.13th,1892	91	YRS	ONINS DAY	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN 7) Spain	CITIZEN OF US	WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore city of Baltimore	R COUNTY	OF DEATH		MD.
		alto City		HOSPITAL, NURSIN		or other institution ag Lane	Restance	ON WORKING LIFE	126 KIND INDUSTR	OF BUSIN	VESS OR
	13a S	AL RESIDENCE (IF NURSING HOME OR O TATE 136, COUNT d.		136. CITY OR TOW Balto	City	13d, INSIDE CITY LIMITS?	3. STREET ADDRESS 415 W. Col	ZIP CODE d Spr	ing La	ne 2	1210
1	14 FA	THER'S NAME FIRST OF ALONS	DDLE O	LAST		Hermengild	MIDDIE		(AST	
	16a. V	VAS DECEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS	21	.131	
	Y	VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (15 YES GIVE WW-1	WAR OR DATES)	218-32-3	3973	Mrs. Melva Z	eman-14000	Jarre	tsvill	e Pi	ke
	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, O	r as a conseque	NCE OF	ARKY MALA		DITION GIVE	N IN PART	lio	
1	CERTIFICATION	19a DATE OF OPERATION	19E COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [] NO[]		WERE FIND		ATHT
7		216. ACCIDENT WAS UNDERLYING. CONCENTRACTORS CALCAS OF DEATH	21h TIME O HOUR A.	M. MONTH DA	Y YEAR	31r HOW INJURY OCCURR	had had		4117		
	MEDICAL	214. INJURY OCCURRED WORLD NOT WHILE D AT WORLD	FIR PLACE (4) HOME ST	OF INJURY BELLFACTOR: OFFICE E	ARM ETCS	2H. LOCATION LINES	€111 04 10	whi	COUNTY		STATE
1		27s.1 certify To (i) (this bounds saw the demonst drive on obtye, (ii) of the property of the	view the body	offer death.	4	17% ADDRESS 222 W. Cold	MEDICAL STA	ete and hour	22s. DAT	that (I)	
			12/27/	83 D		y Valley Mem.	Gardens		COUNTY		STATE
		JNERAL DIRECTOR itchell-Wiedefel	d Home	-6500 Tor	k Rd	21212 JAN	FREC'D. BY REGISTRAR	25h REGISTI	AR'S SIGN	ATURE	7

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the other backers. Pages 1 and 2 should be fill with the State Dept of Health and Mental Hygerse prior to buriol, cremation, or removal.

MPORTANT If hem 21 is marked at hem 18 shaws any plury, or other froumatic event, the medica

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Serone on cl. 1929 - 22 % Cold ortin Late 1110

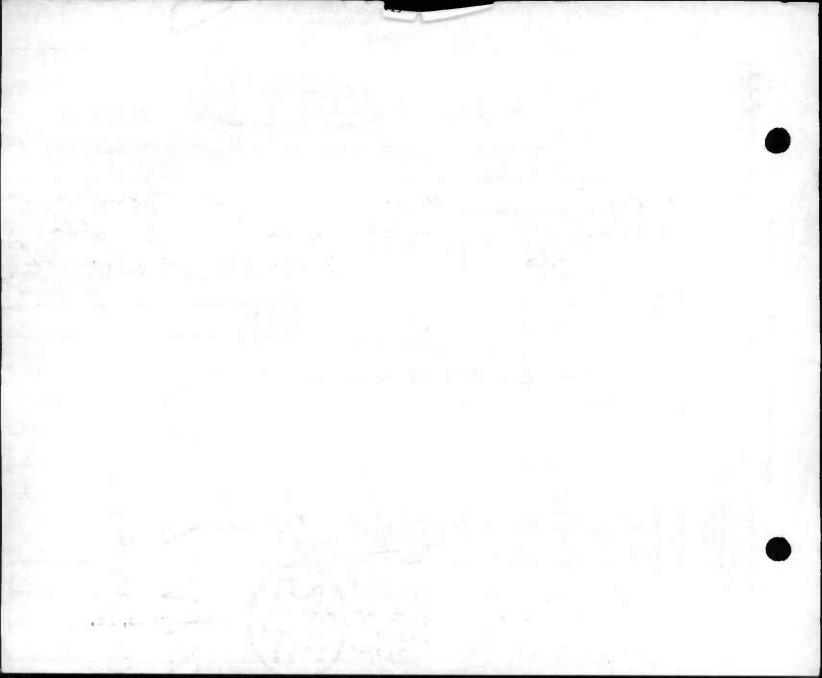
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In TU

20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

DAY	YEAR
24	83

IF UNDER 1 YEAR

2b. HOUR 8

IF UNDER 24 HRS

- STATE REGISTRAR		CERTIFICATE OF DEATH
1. DECEASED NAME FIRS	T MIDDLE	LAST
(TYPE OR PRINT)	aust A.	Ambrosetti
3. SEX	J 4 RACE	5. DATE OF BIRTH
male	white	MONTH DAY YEAR
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED
the Italy	USA.	WIDOWED DIVORCED
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION

YEAR MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

BETH STEEL

AGE LIN YEARS LAST BIRTHDAY)

2a. DATE OF DEATH

13e. STREET ADDRESS

Boltimore (TYPE OF WORK FOR MOST OF WORKING LIFE)

3206 Neshane

12b. KIND OF BUSINESS OR INDUSTRY STEEL

21222

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RELIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 4 FATHER'S NAME

Baet

LAST

YES T NO X IS MOTHER'S MAIDEN NAME ASUNTA

13d INSIDE CITY LIMITS?

MIDDLE

MASSINA

ANTHONY WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

CERTIFICATION

00

MPORTANT

FOR

AMIBROSETTI 166 SOCIAL SECURITY NO. HE YES GIVE WAR OR DATEST

213

4324 VERNA AMBROSETTI

17. INFORMANT

ADDRESS 3206 MUSHANE WAS

21222

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Canditions, if ony, which gave rise to immediate couse (o), stoting the

underlying cause lost.

Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF

Possible Myoundias DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

Antic Illiac At they oxenotic DISTERIC 196. CONDITION FOR WHICH OPERATION WAS PERFORMED In DATE OF OPERATION

23/84

20g AUTOPSY?

20b. IF YES, WERE FINDINGS USED NOF YES [

IN CERTIFYING CAUSES OF DEATH? NO F

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21a. PLACE OF INJURY

12/24

iRIOL Direas

21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from.

211 LOCATION

CITY OF TOWN

12/24

COUNTY STATE

sow the deceased alive on. obove, (I) (we) (did) (did not) view the body ofter death.

22b. SIGNATURE

19 83 ___ and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 12/14/83

224 PHYSICIAN'S NAME (TYPE OF PRINT)

Kevin

22e ADDRESS

SPACRED HEARTOFJESUS

301

DEGREE

23c NAME OF CEMETERY OR CREMATORY

St. Paulo

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

23e BURIAL CREMATION REMOVAL

BURIAL

23b. DATE

23d. LOCATION

REGISTRAR'S SIGNATURE

Lead of the state A TO Same answer that the same and the plant of desir VII was wrete graft grade grade you PART MARCH PER 19 6 ts ad bye All and a second MAN TO AN A THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY From A Delland of malaz I arproper England American Street Street Street Annual Policy on Private Cr 15151 All Der Chales June Marie M March Milliam - I Block Brown And the second s

executed within 24 haurs after death. Page 4 may be

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1		REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. NO).		
Ì		EASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
١	(TYPE	OR PRINT)	AYLO	OR	DELA	ANO	AMES		December	18.	1983	5:50 M
١I	1. SEX			4. RACE		5. DATE O		6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4		Male	755	Whit	e	Dec		7	35	YRS	MOINING DATS	MOOKS MIN.
4		ETHPLACE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIE	р П ⁹	BALTIMORE CITY O	R COUNT	Y OF DEATH	
ì		Maryland	100	US	A	WIDOWE		DO	Baltimo			MD.
7	III. CIT	TY OR TOWN OF DEA	ATH		HOSPITAL, NURS		ROTHER INSTITUTIO		126. USUAL OCCUPATE		126. KIND C	OF BUSINESS OR
		3altimore		Good S	Samarit	an Hos	spital		X-Ray Te			avison
4	USU A	L RESIDENCE (IF NURS	136 COUN		13c. CITY OR TO	WN	13d. INSIDE CITY LIM	ITS?	14 SIKEEL AUUKESS		nical •	
		MD			Baltim	ore	YES X NO		926 E. La	ake /	Ave. 2	1212
1	14 FA	THER'S NAME	A	AIDDLE	LAST	3.17	15. MOTHER'S MAID		E		LAS	ST
5		Delanc			Ames		Emi	ily			Taylo	r
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17. INFORMANT		ADDRE	SS		
		No			216 46	4536	Mrs. Jo	an A	Ames,		Same	
		18 CAUSE OF DEAT	H (Enter onl	y one couse per							BETWEEN	ONSET AND DEATH
J		PARTI. DEATH W		E CAUSE (o)	HEART	FAIL	URE				IMA	1291052
1		3989		DUE TO. O	R AS A CONSEQ						7.5	1
1		Conditions, if ony, which (b) RHEUMATIC HEART DISEASE								> 0	TEARS	
		couse (o), stotic	ng the	DUE TO, O	R AS A CONSEQ	UENCE OF						
1				(c)								
-	Z	PART 2. OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	IE IEKMIN	NAL DISEASE OR CON	JII ION GI	VEN IN PART II	0
-	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATION	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDI	
4	IFIC								YES NOW	-	IFYING CAUSES	OF DEATH?
H	ERT	21a. ACCIDENT WAS UN	DERLYING _	216. TIME O			21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUI			
H		OR CONTRIBUTING		I H	M. MONTH	DAY YEAR						
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATION		City Of 10	and a	COUNTY	STATE
1	ME	WHILE AT WORK AT WO	HILE	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC.)	STREET		CIIV ON 10	N IV	CODIAIT	STATE
8		22a I certify that (1)	(ship-hespil	al) ottended th	e deceased from	29	DIL . 19_	81				that (I) [we) last
		sow the deceos obove, (1) Fueta	ed olive on,	II NO	ofter death	\$3 . or	nd that in (my) (aux) o	pinion de	eath occurred on the do	ate and ho	ur and from the	couses stated
		226. SIGNATURE	04 4	^	01101 0001111		DEGREE			1000	22c. DATE	SIGNED
		180	, CIN	n (1	0		ATTEND	IAN	DIRECTOR PHYSIC	IAN	201	De 83
		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS					-31 2 OF
1		Dr. J.	Dixor	n Hills	, M.D.	1. 1.1	3501 St	. P	aul St., E	Balto	. MD	
	23a B	URIAL CREMATION.		23b. DATE	23	. NAME OF C	EMETERY OR CREMA		23d LOCATION		COUNTY	STATE
		Burial	4.571	12/21	/83	Green	Mount		Balto.		V	ND
		INERAL DIRECTOR	Henr	y W.	Jenkins	& So	ris To.	SOPAK	REGID. BY REGISTRAR	25 GIS	TRAR'S SIGNA	TURE
	49	905 York	Road	Balto	., MD	212	12	220	0 1303	John	moto G	thick

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campitates that he has should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 while the first with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical experience must be middled.

20

FOR

Yelf A CONTRACT LE LA CONTRACTA notived retained to the Act of the Act of the Control of the Act o .co Technologi K entallis 196 E. Lake Ava. 01218 F ding. III .com 00=140 WINDS AN THERE CARLO TARAM MENANTE Pr. J. Dixon Hills, M.J. L. 3801 St. Plul St., Edito., NO Eurial 1971 Es casan Mauri Honor M. Jankins & Sone Yo. Web York Ford Delto, N.D. Sterre

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 2a DATE OF DEATH MONTH 7h HOUR 12-02-83 A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 69

I. DECEASED NAME FIRST LIYPE OR PRINT PHYLLTS 4 RACE Female White To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY?

5. DATE OF BIRTH

ANDERSON

474 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 128 USUAL OCCUPATION

Pa. IN CITY OR TOWN OF DEATH BALTIMORE CITY

Charles

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Agnes Hospital

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING HEE INDUSTRY Housewife Home Maker 21230 13e.STREET ADDRESS / ZIP CODE

136 STATE 14 FATHER'S NAME

- STATE

COLINTRY

REGISTRAR

MIDDLE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

======

HE YES GIVE WAR OR DATEST

136 COUNTY

Baltimore Glisan

15. MOTHER'S MAIDEN NAME Laura 17 INFORMANT

MEDINE

Southdene

Rilev ABBIto. Md 21230

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

219-22-1838

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

16h SOCIAL SECURITY NO.

Patricia Robertson 2746 MarbourneAve

2523

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line to), (b), and (c) PART I. DEATH WAS CAUSED BY ARDIO PULMONAR IMMEDIATE CAUSE (D A COMEQUENCE OF YOUR ANDIA Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

YES TX

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

198 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE

21b. TIME OF INJURY HOUR AM. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

211 LOCATION

CITY OF TOWN

and that in (my toor sopinion death occurred on the date and have and from the causes stated

COUNTY STATE

22a I certify that (1) (this haspital attended the deceased from sow the deceased alive on above. (In the Idia) and 77% SIGNATUR

DEGREE

MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED

274 PHYSICIAN'S AME LIVE OF FRINT WO NOW

NOFA

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL [SPECIFY] Burial

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

CITY OR TOWN Balto

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 George J. Gonce 4001 Ritchie Hgwy, Balto

CERTIFICATION

any

5

morked

MPORTANT

(VRA 15, 4)

0

D FUNERAL Double be detained the State D

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

de. Arnes coupitel Homeawild Norsesser Maring 2 Oligen Louis Louis Language 200 avabrusadnes beigs navereen established Statestering of East of the state of the sta core, condition in the state of the condition of the cond

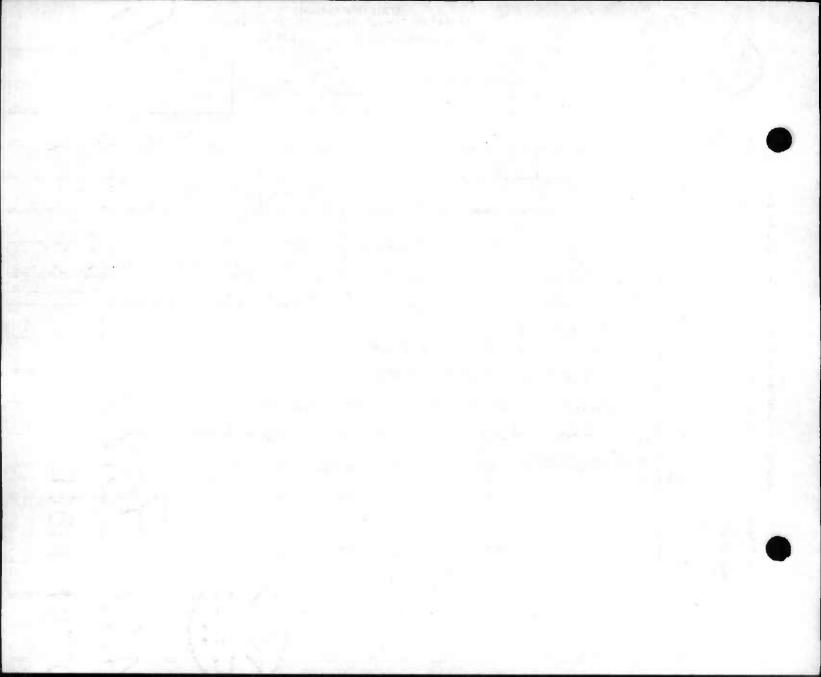
20M 4/B2

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

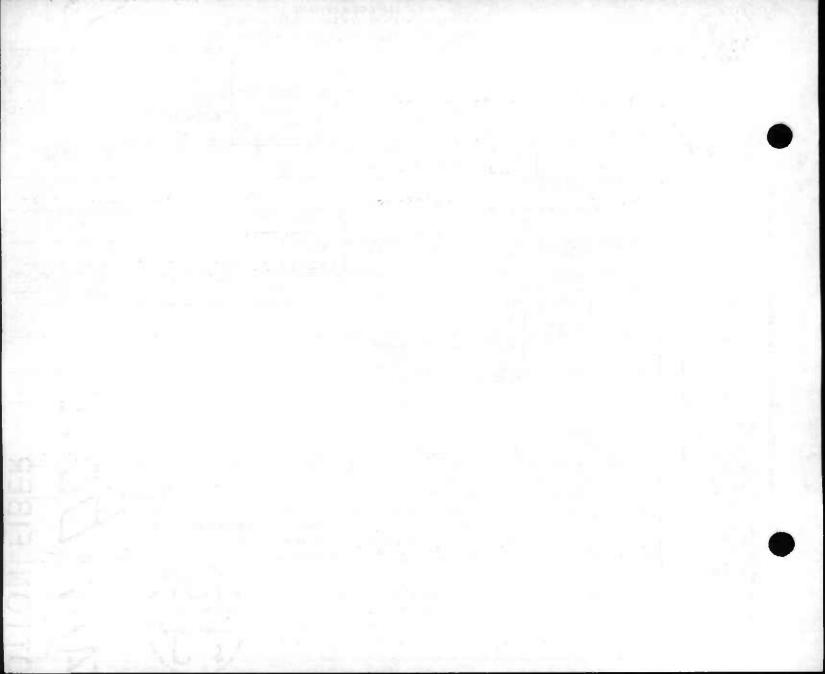
5

TYP	CEASED NAME OR PRINT)		rst		MIDDL	E		LAST			2a DATE	KNOWN ESTI-	0 '	HIMON	DAY Y	AR Zb
(TIV	OK PRIIVI)	Wi	llie			L.	An	derson			OF DEATH	MATED	X	12-2	7 198	33
SER		4. RACE	5. DA	TE OF BIRT				FUNDER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE		N	ONTH	DAY	EAR 2d
Ma	ile	Blac		4 13		2 61		ONINS DATS	HOURS	MIN	DEAD			12-2	7 198	3
	RTHPLACE (7b. C	ITIZEN OF	WHAT CO	DUNTRY?	8 M	ARRIED X NE	EVER MARI	RIED []	9 BALTIN	ORE CIT	Y OR C	COUNTY	OF DE AT	Н
		colina		U.S	SA		WID	OWED	DIVOR	CED [Bal	timo	re	City	,	
	TY OR TOWN					NURSING HO		OTHER INSTITU	JTION		MAL OCCU		(TYPE OF	WORK 12	OR IND	
6	Baltimo			318 E	. Laf	Eayette	e Ave	nue								
JSUA 3a. S1		(IF IN NURSING H	OUNTY	R INSTITUTION.		ENCE BEFORE ADM		13d. INSIDE	CITY LIMITS?		REET ADDRE			212		
	rylar				В	altim	ore	YES 🔀	NO [31	8 E.	Laf	ау	ette	e Av	enue
	THER'S NAM	-	MIDD	LE		LAST		15 MOTH	ER'S MAID	ENNAM	E	NDDLE			LAST	
	/illie					nders			ary					S	tuk	e s
	AS DECEASE S, NO, OR UNKN	DEVER IN U.S	S. ARMED FO S, GIVE WAR OR		16b	SOCIAL SECU	RITY NO.	. 17. INFOR	MANT			ADDRE	ESS	Ap	t.	400
	YES					N/A		Reb	ecca	Smi	th_7	01 A	rl	ingt		Avei
	gove r	ins, if any, v ise to imme b) stating the <u>u</u>	diote /	(b)	OR AS A	CONSEQUENC	CE OF									
NO	gove r couse (c lying co	ise to imme o) stating the <u>u</u> use last.	diote nder-	DUE TO, C				ISEASE OR CONDITIO	DN GIVEN IN P	ART 1 kg/s						
CATION	gove r couse (c lying co	ise to imme o) stating the <u>u</u> use last.	diote nder- ITIONS CONTRIB	(c)	TH BUT NOT	RELATED TO THE	TERMINAL OI	ISEASE OR CONDITION		ART 1 NGS.					20 AUTC	PSY?
TIFICATION	gove recouse (c) lying co PART 2 OTHER S	ise to imme o) stating the <u>ui</u> use last. GIGNIFICANT (ONDI	diote nder-	(c)	TH BUT NOT	RELATED TO THE	TERMINAL OI			ART 1 kg/.					2D AUTO	
CAL CERTIFICATION	gove r couse (c lying co PART 2 OTHER S 19a. DATE O 21a EXTERN UNDERLYING CONTRIBUT	ise to imme by storing the was lost. DIGNIFICANT CONDITION AL CAUSE WAS GOOD OR ONLY TO CAUSE	diote nder-	(c) UTING TO QEA	DITION F	RELATED TO THE OR WHICH O RY NTH DAY Y 19	PERATION	N WAS PERFOI	RMED?		NATURE OF IN	JURY IN ITEM	A 18 PART		YES	
MEDICAL CERTIFICATION	gove r couse (c lying co PART 2 OTHER S 19a. DATE O 21a EXTERN UNDERLYIN	ise to imme by storing the was lost. DIGNIFICANT CONDITION AL CAUSE WAS GOOD OR ONLY TO CAUSE	diote nder-	(c) UTING TO GEA	DITION F	RELATED TO THE OR WHICH O RY NTH DAY Y 19 URY (ATHOM	PERATION	N WAS PERFOI	RMED?		NATURE OF IN		A 18 PART		YES	
MEDICAL CERTIFICATION	gove recovered for the state of	ise to imme o) storing the universelect. DIGNIFICANT (OND) FOPERATION AL CAUSE WAR G OR ING CAUSE OCCURRED NOT WHILL AT WORK	diote nder-	UTING TO OEA 19b. CONI 19b. CONI 21b. TIME HOUR A P 21e PLAC STREET, F.	DITION F. OF INJUR .M. MON .M. E OF INJUR ACTORY, FAR	RELATED TO THE OR WHICH O RY 119 URY (AT HOME above, held o	PERATION EAR 216	N WAS PERFOI C. HOW INJURY LOCATION STREET utapsy	RMED? Y OCCURR Inspection	ED (ENTER		wx		T OR PART 2	YES	
MEDICAL CERTIFICATION	gove rr couse (c lying co lyin	ise to imme o) storing the universelect. DIGNIFICANT (OND) FOPERATION AL CAUSE WAR G OR ING CAUSE OCCURRED NOT WHILL AT WORK if y that I took ted from:	ITIONS CONTRIB	UTING TO OEA 19b. CONI 21b. TIME HOUR A P 21e PLAC STREET. F.	OF INJUR. OF INJUR. M. MON. M. E OF INJURACTORY, FAIR described Accide	RELATED TO THE OR WHICH O RY NTH DAY Y 19 URY (AT HOMI above, held o ent ,	PERATION EAR 211 Suicide	C. HOW INJUR LOCATION STREET utopsy	Inspection	ED (ENTER	Inquiry termined me	onner C	and ir	COUNT	YES	
	gove recovered to grant 2 OTHER STORM TO STATE OF THE S	ise to imme o) storing the universal set of imme of storing the universal set of the universa	ITIONS CONTRIB	UTING TO OFA 19b. CONI 21b. TIME HOUR A P. 21e PLAC STREET, F.	OF INJURACION F. OF INJURACION F. ACTORY, FAI	RELATED TO THE OR WHICH O RY ATTH DAY Y 19 URY (ATHOMI RM. ETC.) above, held o ent, M. D.	PERATION EAR 216 Suicide	C. HOW INJUR LOCATION STREET utopsy	Inspecticide SPECIFY)	on XX Unde	Inquiry	onner C	and ir	COUNT T my opini	YES	



STATE OF MARYLAND

1-	STATE	RAR		MED	ICAL	EXAMI	NER'S	CERTIFI	CATE	OF DE	ATH	REG. N	10		-	
1. DE		NAME	FIRST		WIDDLE			LAST			20 DATE N	_	X MONTH	H DAY	YEAR	76 HOUR
		/ C	hristi					ndrews			DEATH	MATED (□ 12•	-27	1983	٨
3. SE		4. RACE	MC	ATE OF BIRTH DAY 7 12	YEAR	LAST BIRT			HOURS	R 24 HRS	PRONOUN DEAD	CED	нтиом	-27	YEAR 1983	4:45 a. M
_	ema	1e Bla		7 12	25	5 8	2			-	9 BALTIM	ORE CITY				d.N
	M a x	yland		U.S.A			WIDOV	IED NE	EVER MARI			timor	_			
10. C	ITY OR	OWN OF DEATH	11.1	NAME OF HOSP	TAL, NU	IRSING HO	ME, OR OTH			12a US	UAL OCCUP	ATION (TY		12b KI	IND OF BU	
1	Balt	imore	,	Univer:	Sitv	HOSD	ital			FOR	MOST OF WORK	ING LIFE)		°	OR INDUSTR	ξY
USU		ENCE (IF IN NURSING			RESIDENCE		SSION	13d. INSIDE	CITY LIMITCE	112. 675	EET ADDRES					15.75
		yland	COUNTY			ltime		YES X	NO [g St	ree	t 21	217
14. F	ATHER'S	NAME	AID	DIE		LAST		IS. MOTH	IER'S MAID	EN NAMI		DDLE			LAST	
	Ge	orge				nce			arga	ret				S	mith	
		CEASED EVER IN L	J.S. ARMED F		16b. SO	CIAL SECUE	RITY NO.	17. INFOR				ADDRES				
U	NKN	OWN						Cal	vin	J. S	mith	8 1	digh		у Со	
		AUSE OF DEATH (E		cause per line fo	or (a), (b), ond (c).)	ephalo	nna+hr						BET	APPROXIMATE	INTERVAL
			MEDIATE CA	USE (a)				paury	<u>Y</u>					-		
1		anditions, if any,	which	DUE TO, OR A												
-	9	ave rise to imm	nediote)	(b) H		ic Ep		-								_
		ing cause last.	The state of	DUE TO, OR A	S A COP	ASECIOENC	E OF									
	PART 2	OTHER SIGNIFICANT CO	DITIONS CONTRI	RUTING TO DEATH BU	T NOT REL	ATED TO THE T	RMINAL DISEA	E OR CONDITIO	ON GIVEN IN P	ART Lini						
Z																
MEDICAL CERTIFICATION	19a. D	ATE OF OPERATIO	N	196. CONDITIO	ON FOR	WHICH OF	ERATION V	AS PERFO	RMED?					20	AUTOPSY?	,
, E	1														YES XX	NO 🗌
N W	210 E	CTERNAL CAUSE V	VAS	116 TIME OF 1		DAY YE	AR				NATURE OF INJU					-1,3-
43	CON	RIBUTING CAU	SE OF DE AT			. ,			expe:	riend	ced an	oxia	duri	ng a	inesth	nesia
MED	21d. IN WHIL	JURY OCCURRED	HE VV	21e PLACE OF STREET, FACTO	RY, FARM, E	ETC.]		CATION			CITY OR FOW	VN.		OUNTY	2	STATE
> _	AT W		- AA	Hosp	ital				reene	St.,	Balt	lmore	, Ma	ryıa	ina	
1	22	I certify that I too	k charge of t	-	1		Autor	XX.	Inspection	an 🔲 ,	Inquiry	☐,o	ind in my o	opinion		
	deat	resulted from	Natural ca	ment 1	Accident	LXI,	Suicide	, Hami	icide 🔲 .	Unde	termined ma	nner	,			
	ACTU	AL A Un	16	AA.	8	Lin	1	,	SPECIFY)	4.			DATE	E 1	12-28-	-83
	SIGN	ATURE SAC	cen	V Ju	uge	21.2	^	ASS:	Istan	CMED	ICALEXAM	INER	SIGN	VED	. Z-Z0-	-03
		INER'S NAME OR PRINT)	Dennis	F. Smy	th,	M.D.		ADDRESS_	111	Penr	Stre	et				
	BURIAL,	REMATION, REM	OVAL 236 DA	ATE			EMETERY		ORY		CATION					
		RIAL	1/	3/84	W	ood1	awn C	emet	ery	Wo	odTav	wn,	CO	VINTY	ММ	•
		DIRECTOR		222011A					25a. DATE	REC'D. B	Y REGISTRA	R 25h PEC	SISTRAR'S	SIGNA	TURE-	0 1
W	m C	March	F/H I	nc. Tl	01	E Not	cth A	venu	FNFC	30	1083	10	and	FL 6	thely	X



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		3 3 3 3 3 3 3 3 3 3	CERTIF	ICATE OF DEATH	REG. N	10.				
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	0 1	LÄST	20. DATE OF DEATH	MONTH	DAY YEA		HOUR	
	ina		And			12	24 8	-	1130 PM	
3. SEX Female	4 RACE	Jhite	MATE O	DF BIRTH 126,1904 YEAR	6 AGE (IN YEARS LAST BE	RTHDAY)			FUNDER 24 HRS	
70. BIRTHPLACE (STATE OR FOR MARY Land	76. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY	OR COUN	TY OF DEAT	н	MD	
Baltimore		HOSPITAL, NURSIN		OR OTHER INSTITUTION	121 USUAL OCCUPATION OF HOUSEWII				BUSINESS OR	
USUAL RESIDENCE (IF NURSING	GHOME OF OTHER INSTITUTION B. COUNTY	I GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	130. STREET ADDRESS	nn St	reet 2	1231	2	
14. FATHER'S NAME FIRST Frederick	MIDDLE Budo	lemeuer		15. MOTHER'S MAIDEN NA FIRST Katherine	MIDDLE		Fox	LAST		
	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)			17. INFORMANT		_	ewood,			
no	(Enter only one couse pe	₽15-09-92		Mr. Herman W.	. Andrysiak	2511			TE INTERVAL	
	the last. DUE TO, (c) FICANT CONDITIONS (M	DEATH BUT	NOT RELATED TO THE TERM			ON GIVEN IN PART 110			
190. DATE OF OPERATION	ON 196. CONI	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FI TIFYING CAL YES	JSES OF		
OR CONTENDED CO	USE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 1	B PART I OR PAR	T 2)		
WHILE IT NOT WHILE	216 INJURY OCCURRED 216. PLACE (AT HOME. S			21f. LOCATION STREET						
sow the decease above, (IV)	alive as 12 ~ 3	24 19	83.	nd that in (my) (our apinion	, 10	date and h		the cou		
22b. SIGNATURE	1 cet 1	Som	m	O ATTENDING PHYSICIAN [MEDICAL STA		220.0	Z/Z	24/83	
22d. PHYSICIAN'S NAA	ge M	Boyer		301 S+ Paul	1 Pl. Ba	1tim.	ore M	'D	21202	
230. BURIAL, CREMATION, RI (SPECIEX) Burial		3,1983 St.		CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Dundalk	Ba	lto.	M	STATE	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbound the State Dept. of Health and Mental Hygiene prior to burial, cremation, or s

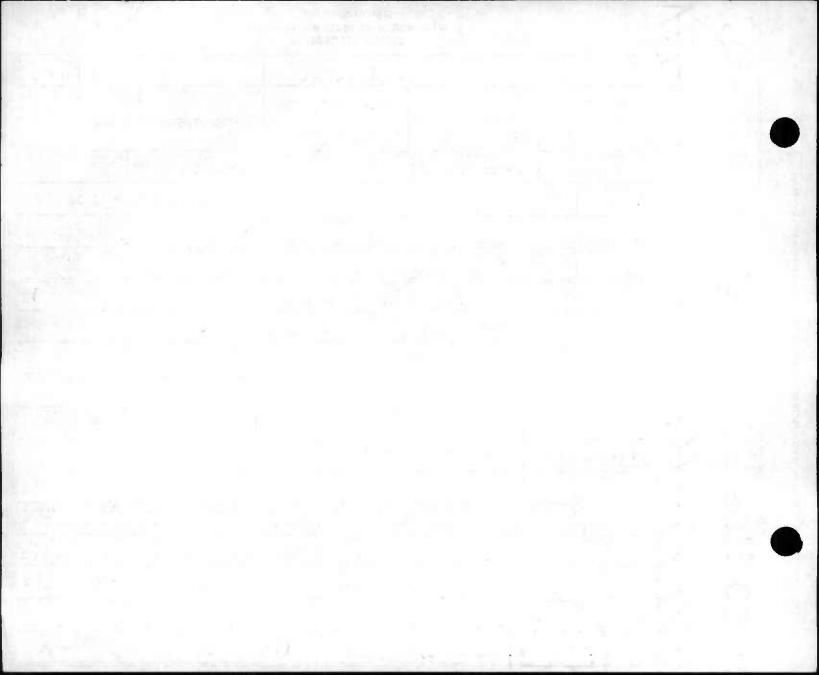
injury, or other troumotic

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

14 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

EC 2 7 1983 John Stranger



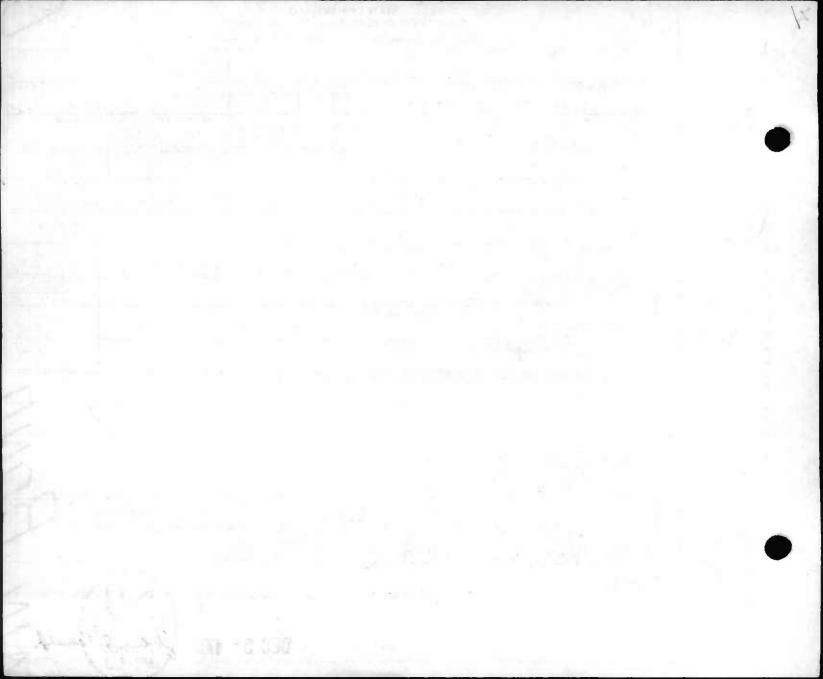
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201
TO MEDICAL EXAMINER: THIS	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER ILLUMINER ANY DELAY IS NECES
EXECUTE THE CERTIFICATE, WRI	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGESTICA" AND 3 TO THE FUNER
PAGE 4 SHOULD BE FORWARD	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM MINER RETAIN PAGE 5 FOR
TO FUNERAL DIRECTOR: PAGE	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FERMIT PAGES I AND 2 SHOULD BE FILED, WITH
AFTER DEATH, WITH THE STATE	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BECORDS, 201 W. PRE
BALTIMORE MARYLAND, 21201	BALTIMORE MARYLAND, 21201 PRIORYO BURIAL, CREMATION, OR REMOVAL

BP_

DHMH - 17 (VR A15 ME (5)) 20M 4/82

		FOR			DEPART	STA MENT OF		MARYLAN H AND M		IYGIEN	دُه!	3	2	18	
		STATE REGISTRAR		ME	DICAL	EXAMIN	IER'S	CERTIFIC	CATE	F DE	ATH	REG. N	10.		
		CEASED NAME E OR PRINT)	DONAL	D	MIDDLE			LAST			OF	ESTI- MATED	MONTH	DAY YEAR	2h HOUR
	3 SEX	4. RAC		5. DATE OF BIRTH	٧.	ANTHO		NDER I YR.	IF UNDER	24 HRS.	2c DATE		MONTH	-8319 DAY YEAR	2d HOUR
	3.6	ale B1	ack	12 18	53	29 Y	AY) MON	THS DAYS	HOURS	MIN	PRONOUN	ICED	12 2	07.10	454
1		RTHPLACE (STATE OR	аск	7b. CITIZEN OF WI						-XF				-83 19 Y OF DEATH	9:454
49		REIGN COUNTRY)	D C					NED NE			Bal+	imore	C:+		
11	w a	shington	ATH	U.S		RSING HOM			DIVORO		UAL OCCUI		City	126 KIND OF BU	JSINESS
24				(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)			,,,,,		MOST OF WOR			OR INDUST	
10	LISLIA	Baltimore AL RESIDENCE (# 14 14 14	IRSING HOME O	Uniter	sity	Hospit	al S	TU							
35	13a S	TATE	13b. COUN		13t. CITY	OR TOWN		13d. INSIDE C			EET ADDRE			21217	
0		aryland			Ba	ltimo	re	YESX	NO [Ful	ton	Avenue	
~		THER'S NAME FIRST		MIDDLE		LAST		15. MOTHE	ER'S MAID	ENNAME	м	IDDLE		LAST	
UU		Jerry				thony		B 17. INFORA	erth	a		ADDRES		Davis	
1	16a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN)	(IF YES, GIVE	AED FORCES? WAR OR DATES)		CIAL SECURIT									
,	_	NO			214	-62-8	168	Ber	tha	Anth	nony	1639	N.F	ulton	
	2	Conditions, if gove rise to couse (o) statin lying couse lost	ony, which immediate g the <u>under</u>	(b)	AS A CON	SEQUENCE	OF OF		N GIVEN IN PA	ART 1 at					
-	ATIC	190. DATE OF OPER	ATION	19b. CONDI	TION FOR	WHICH OPER	RATION V	VAS PERFOR	MED?					20 AUTOPSY	?
-	IFIC													YESXX	NO 🗆
3	MEDICAL CERTIFICATION	210. EXTERNAL CAL UNDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE	OR CAUSE OF D	DEATH 8:40PM	MONTH 11-		R	SUBJECTION STREET			NATURE OF IN.				STATE
	2	AT WORK AT V	VORK X	* fro	ont of		16		kbury	Cou				Maryla	
		220 I certify that death resulted from ACTUAL SIGNATURE		e of the remoins de ol couses	Accident		Autop	TITLE (S	Inspection	Undet	Inquiry termined mo	onner 🗌	ond in my op , DATE SIGNE		
2		EXAMINER'S NAME (TYPE OR PRINT)	Mar	garita A.	Kore	LL,M.C)	_ADDRESS_	111	Penn	STroc	t			
i	23a. Bl	URIAL, CREMATION,	REMOVAL 2	12/6/83		ount					OCATION OF TOWN	ore,	COUP	M d ^s	TATE
	24. FU	JNERAL DIRECTOR							25a. DATE	REC'D. B'	Y REGISTRA	R 256 REC	SISTRAR'S S	IGNATURE .	1

Wm C March F/H Inc. 1101 E North Avenue DEC 5 1983



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or ottending physici

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

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the control of the co	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours offer death	with the Stote Dept. of Heolth and Mental Hygiene prior to burial, cremation, or removal.	
1000	JNER	d be d	he Sto	
	TO FL	should	with t	

executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

	T STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	
	T. DECEASED NAME FIRST (TYPE OR PRINT)	ENT J.	APANOVICH	20. DATE OF DEATH MONTH	30 1983 12 35 AM
	MALE MALE	4. RACE White	S. DATE OF BIRTH 2001H DAY 1906	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
	BALTIMORE	GOOD SAME	RITAN HOSPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Machinist	12b. KIND OF BUSINESS OR INDUSTRY
1	MARYLAND 14 FATHER'S NAME	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Baltim	NOTE YES NO		ge Ave. 21206
	Matthew	Apanovich	15. MOTHER'S MAIDEN NA FIRST Marce	lla MIDDLE	Not Known
	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES) 181-01-		Address M. Apanovich 471	21206 O Blue Ridge Ave
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	OPD	mie Cardion	200 AUTOPSY? 20b. IF Y	GIVEN IN PART 110 YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 270.1 certify that (1) (this hosp sow the deceased alive on	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ital) ottended the deceased from	DAY YEAR 19 211 LOCATION 5. FARM, E.J.C.) 212 2 3 3 19	YES NO RRED (ENTER NATURE OF INJURY IN ITEM 1) CITY OR TOWN 10 12 30 83	COUNTY STATE
	220. PHYSICIAN'S NAME TYPES JYOTIN 230. BURIAL, CREMATION, REMOVAL	PARIKH	ATTENDING PHYSICIAN 224. ADDRESS NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN Samorila 1236 LOCATION	12/30/83 in thospatal
	(SPECIFY) Burial	Jan 2 1984	Parkwood Cemetery	Baltimore	Maryland State

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

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2	201	1:	FOR STATE REGISTRAR			DEPARI	MENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE REG. N	3 2	2 1	2 0
o pe	or, page 3 offer death		CEASED NAME OR PRINT)	a 11	I RACE	HODLE	S DATE O	E BURTH	YEAR	20 DATE OF DEATH 12 6 AGE (IN YEARS LAST BE	RIHDAYI L	F UNDER I YEAR	P 15 AM F UNDER 24 HRS HOURS MIN
Pooe 4	in 72 hours of		RTHPLACE (STATE OR FOR DUNTRY) Maryland	EIGN]	CITIZEN OF	WHAT COUNTRY	07	D NEVER MA	1896	9 BALTIMORE CITY	YRS.		MD.
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., BALTIMORE, MARYLAND 2120	mpletely filled and 2 should be sechanic must	14. F/	THER'S NAME FIRST	10	IDDLE	LAST	7	15. MOTHER'S A	MAIDEN NAM	STREET ADDRESS 5604 ME MIDDLE	RAY	bury	1. 2120
LTIMORE, M	rs. Pages La	16a \	Henry vas deceased ever in ves. no or unknown) Yes		WAR OR DATES)	Appel 166 SOCIAL SEC 219-32-		Karly 17 INFORMAN Mary	ī	Newell		Hurle stersto	wn. Md
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	by the ottending physic dae remaine, carbon pape al, cremation, or remaind other traumatic event, it		18 CAUSE OF DEATH PART I. DEATH WA Good in the course of the course in	MMEDIATE which ediate the	DUE TO, OF	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	JENCE OF	c Can	er E	inobilis lum	/	BRIWEENS	MATE INTERVAL ONSET AND DEATH
AL RECORDS, 20	has been signed t permit. Then ple leve prior to buric (No.) only injury, or	CERTIFICATION	PART 2 OTHER SIGNI G T 190 DATE ON OPERATION	B	lead	Ane	mig	NOT RELATED TO		20a AUTOPS Y	206. IF YES	, WERE FINDIN	IGS USED
NVISION OF VITA	attending physics fles this centricate as the bursh from in and Mental Hyg orked at their 78 M	MEDICAL CER	71a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	USE OF DEAT EXAMINER)	21e PLACE (AT HOME, STR	M. MONTH (A 12 2 DF INJURY EET, FACTORY, OFFICE One	-3 do3	211 LOCATION STREET	P+ -	FOTS OF INTERNATURE OF INTERNATURE OF INTERNATURE OF INTERNATION OF INTERNATIONAL OFFICE INTERNATIONAL OF INTERNATIONAL OFFICE INTERN		COUNTY	STATE 2120 cg
a differential and a second	the hospital or is DRECTOR A stacked for one to Dupt of Healt if them 21 it mo		220 I certify that the saw the deceased abave, (I) (we) (did 22b. SIGNATURE	alive on_	16	deceased fram		DEGREE	Pinion		AFF THE		
OSPITA	FUNERA Id be did		224 PHYSICIAN'S NAM	AE TYPE OR	PRINT)	N	7	77. ADDRESS	I /A I	t/o	4	60	6

DHMH-16 20M (VRA 15, 4) 7/78

BP_

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL Burial

234 NAME OF CEMETERY OR CREMATORY Druid Ridge

23d LOCATION CITY OF TOWN Pikesville

Balto.

Jenkins & Sons Co., Balto,

236. DATE

1-2-84

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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S	E

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR CARE COLUMN TO 83 (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEARS BLACK FEMALE TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED GEORGIA DIVORCED X 11mon WIDOWED MD NOT IN SUCH FACILITY, GIVE STREET ADDRESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ENNA. AVE. NURSING HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STAND 13b COUNTY 13d. INSIDE CITY LIMITS? EXINGTON ST. YESX NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME PLEASURE MIDDLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNHOWN) (IF YES, GIVE WAR OR DATES) -8993A HENRY CONIC 213 N. COLLINGTON AVE. APPROXIMATE INTERVALABLE BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY. 10-PULLIUNARY ARPEST IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF PANCREATIC CARGNOMA. IN METASTATIC Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [45 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 5 21e PLACE OF INJURY 211 LOCATION PHY AT HOME, STREET FACTORY, OFFICE FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from O FUNERAL DIRECTOR sow the deceased alive on 12/22 obove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated old be detoched to the State Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN

SEI-WYS4 CARRISAN 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 24 FUNERAL DIRECTOR

22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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	Maxign over			Mo	DSS	Fir	nagir	1	Ar	nold			DEATH MATED)
		3. SEX		4. RACE		ATE OF BIRTH	YEAR	6. AGE (IN YEA	ARS IF UND	DER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE PRONOUNCED	_
	\$ 30 W	Ma	le	Cau.	1	2/20/	1948	34 YR	5.				DEAD	
-	288		RTHPLACE (51	ATE OR	76	CITIZEN OF W		TRY?	8. MARRIE	D X NE	VER MARE	RIED 🗌	9 BALTIMORE CI	
	SXXX 30		Maryla	and		U.S.	.A.		WIDOWE	D 🗆	DIVOR	CED	Balt	i
_	ELAY IS TO THE PAGE BE FILED SS, 201		TY OR TOWN		11.	NAME OF HOS	SPITAL, NUI	RSING HOME REET ADDRESS)	, OR OTHE	R INSTITU	TION	FOR	WAL OCCUPATION MOST OF WORKING LIFE)
	PELA NOS. ROS.		Baltimo			Unive	rsity	Hospi	tal				Prackman	1
21201	FANY DELY RAND 3 TO S. RETAIN P SHOULD BE LECORDS,	13a S	RESIDENCE TATE arvlar	136	COUNTY	ER INSTITUTION, G	13c. CITY	BEFORE ADMISSIO OR TOWN SIMORE	1	YES T	NO [REET ADDRESS B N. Lin	13
9	1. IF		THER'S NAME	- 0.			42002	/441010		15. MOTH	ER'S MAID		E	b 3
RE, N	TER DEATH. IF PAGES 1, 2, FORM PM 3. ES 1 AND 2 SI ON OF VITAL	Wi	lliam	N	lcKin	ley	Arno	ld Jr		Al	ma.	Loi	raine	
No.	N S S S S S S S S S S S S S S S S S S S	160. V	VAS DECEASEL	EVER IN L	J.S. ARMED		16b SOC	IAL SECURITY	/ NO.	17 INFOR	MANT		ADD	RE
ALTI	JRS AFTER S. GIVE PA WITH FOR T. PAGES 1 DIVISION	,,,,	No	WIN) (IF I	res, GIVE WAR C	OK DATES)	215-	52-19	947	Sha	ron	R. 1	rnold	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	D BE EXECUTED WITHIN 24 HOU FINDING" IN PENCIL IN ITEM IB MEDICAL EXAMINER ALONG VAS A BURIAL - TRANSIT PERMIT AND MENTAL HYGIERE, CREMATION, OR REMOVAL.	Z	gave ris cause (a) lying cau		nediate under-	(b)	AS A CON	SEQUENCE C	OF .	OR CONDITIO	N GIVEN IN P	ART 1 (a),		
ITAL REC	OULT NOWILE NO NO N	CERTIFICATION	19a. DATE OF	OPERATIO	N	196 CONDI	TION FOR	WHICH OPER	ATION WA	S PERFOR	MED?			
SION OF V	는 FOUR S	MEDICAL CER	21a. EXTERNA UNDERLYING CONTRIBUTION 21d. INJURY C	IXOR NG ☐ CAU			**************************************	DAY YEAR 2 1983	Su	bject	sho	t	NATURE OF INJURY IN ITE	
DIVI	HIS CERTIING WRITING ARDED TO AGE 3 SHC ATE DEPA	ME	WHILE AT WORK	NOT WH	ILE -	Bus .	tory, farm, et house	Amtra	a k193	8 Ric	900 198 A	Blk.	Raggs A Baltimore	
•	DICAL EXAMINER: 17 TE THE CERTIFICATE, 4 SHOULD BE FORW NERAL DIRECTOR: P. DEATH, WITH THE SI. CORE, MARYLAND, 2		22a I certific death results	ed from:	Notural co	how	I)	Six	_Autopsy	Homi	Inspection	Unde	Inquiry	
	TO MEDICAL EXECUTE THE EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,		(TYPE OR PRIN	41)		s D. Sm				DDKE35_	11 P			l t
	P L L L L C	73a.B	JRIAL, CREMAT	ION, REMO	DVAL 736 D	ATE	23c. N	IAME OF CEN	AETERY OR	CREMAT	ORY	23d. LC	OCATION	

REG. NO.

20 DATE KNOWN OF ESTIDEATH MATED 26 HOUR

12 2 19 83 OR COUNTY OF DEATH

more City,

TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Railroad

21205 wood Ave.

Finagin

as above same

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20 AUTOPSY? YES . NO [

TS PART I OR PART 21

enue

and in my apinion

to.Md.

12/5/1983 Gardens of Faith

24 FUNERAL DIRECTOR 154. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Jarrettsville, Marco 8 983

M. Gladden Kurtz

BP

DHMH - 17

(VR A15 ME (5) 20M 4/B2

#21,d,e,f,FilmG586

- STATE REGISTRAR

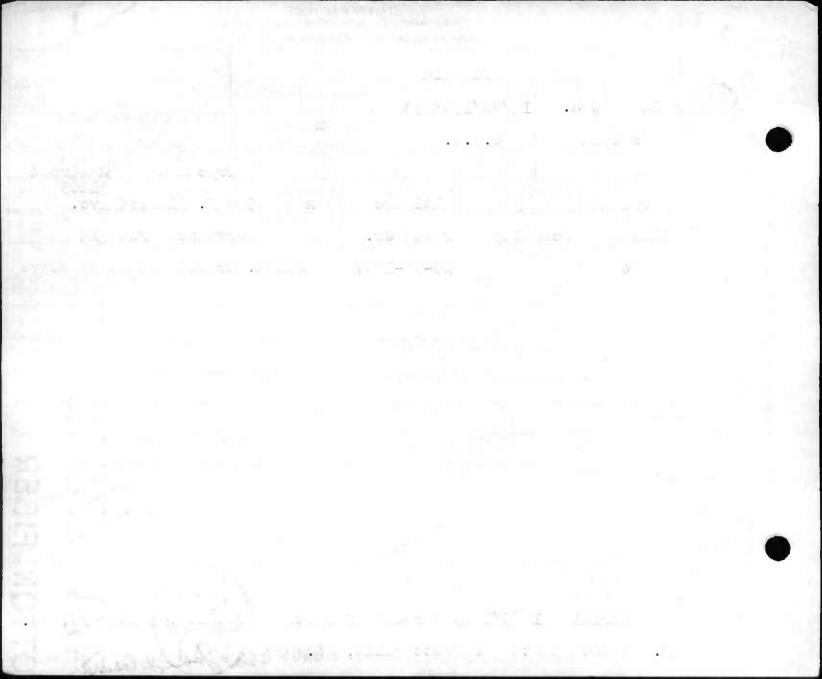
(TYPE OR PRINT)

1. DECEASED NAME

DATE

STATE Md.

12/3/83



tely filled in by the funeral director, page 3 2 should be filed within 72 hours after death

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	AR	Tel	Kim	3

DEC NO

					REG. NC	/.		
1. DECEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAT	YEAR	26. HOUR
(The Sarking)	LENA	E.	AR"	TER	1.	2 21	83	1249 0
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
Female	Whit	e	Oct.	27°, 1898	85	YRS.	NIMS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTYO	F DEATH	
MD		SA	WIDOWE	DIVORCED	BALTIMORE			м
BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSINI THEACILITY, GIVE STREET A LION MEMOF	ADDRESS)		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Homemal	WORKING LIFE)	INDUSTRY	BUSINESS OF
USUAL RESIDENCE (IF NURSING HOME 130, STATE 13b, CO		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS?	131 STREET ADDRESS 509 E. 38		212	18
14. FATHER'S NAME				15. MOTHER'S MAIDEN NAM				
George	W.	Bell	180	Ernestir		-	alker	
168. WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE:			
No		175 10 1	729	Jesse L. A	Adams, An	napoli		
18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and	1(0).1	111100	1		APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)		02	artial	Lung		6 M	ь
1627		R AS A CONSEQUE	NCE OF	1000	101		, M	
Conditions, if any, which	(, ,)	K AS A CONSCOUL	NCE OF	Hours (4	Hosem		111	6
gove rise to immediate couse (a), stating the) 16)_							
underlying cause last.	DUE 10, O	R AS A CONSEQUE	NCE OF					
PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONT	ITION GIVEN	IN PART III	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDING	
NE -		-			YES TI NOT	IN CERTIFYII	NG CAUSES (OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY		21c HOW INJURY OCCURRE		1	1 OR PART 2)	
CO COLUMNIC COLUMN	DEATH	M. MONTH DA		_				
(IF EITHER NOTIFY MEDICAL EXAMI	P. 21e. PLACE	M.	19	211. LOCATION				
WHILE NOT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC	STREET	CITY OR TOV	VN	COUNTY	STATE
AT WORK — AT WORK —			-	9.7			4.7	
22a.1 certify that (I) (this to	10/0		0.5	19 3	_, to 12 2			hot (I) (we) los
sow the deceased plive obove, (1) (we) (did) (did.		ofter death.	, 01	nd that in (my) (ay) opinion d	eoth occurred on the do	te and hour a	nd from the c	ouses stoted
green &	91	En MD		ATTENDING ATTENDING	MEDICAL STAF	F.	22c. DATE 8	IGNED /
22 PHYSICIAN'S NAME ITTE	E OR PRINT)			220. ADDRESS	POWEGION ET LAUSIC	Mr LJ	11 /	
GREGORY WAI).		THE UNION ME	MORIAL HOSP	ITAL	£	
230. BURIAL, CREMATION, REMOV.	AL 236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
Burial	12/24	1/83 L	orra	ine Park	Balto.,		DMINO	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon-pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendi

etained by the hospital ar

injury, or other troumatic event, th

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 905 York Road B to. MD 21212

DEC 2 BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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For Variable 21212

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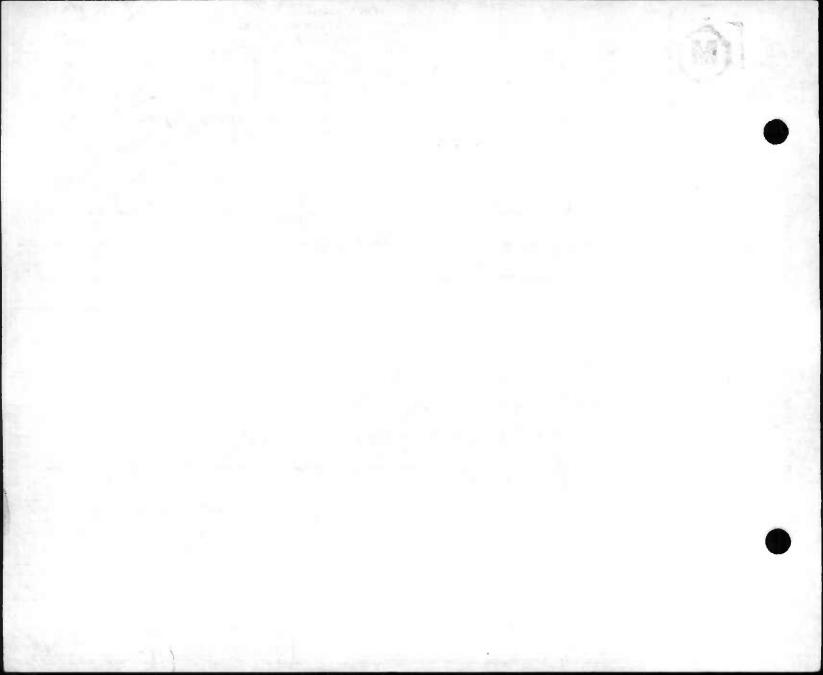
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR			EKIII	ICATE OF DEATH	REG. 1	NO.		
1 DI	ECEASED NAME FIRST	L-71V	MIDDLE		RTER	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
_				, , ,			1/-		-
3 51	EX	4 RACE	5.		DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	
6	1	B1a	ack	7	23 08	74	YRS		
		76 CITIZEN O	F WHAT COUNTRY? 8	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
	West Virgini	a. U.				BAlti	mor	e Cit	v
10.0	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION				BUSINES
16	ALTIMORE	PROG	UDENT	gerr	HOSPITAL	(THE OF WORK FOR MOST	OF WORKING	the, I had ost ki	
13a.				MISSION)	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS		21218	3
M				ore	YES NO				
14. F		MDDAL	1153			ME			
1		WIDDLE				WIDDLE			
	WAS DECEASED EVER IN U.S. A			Y NO.	17 INFORMANT	ADDI	RESS		
		IVE WAR OR DATES)			Rose Reddi	no 1100 C			
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	Conditions, if any, which	(, b)		- 1	bancrea	2 + Cano	er 9	1	
	gove rise to immediate	3		1	7	()	Terin	-7.	
1	underlying cause last	DUE TO, C	OK AS A CONSEQUENC	.E OF			,		
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEA	TH BUT	NOT BELATED TO THE TERM	IN ALDISEASE OR COL	NDITION G	IVEN IN DART V.	
Z	The state of the s	20.10110115	ON INDOMESTICATION OF THE		NOT RELATED TO THE TERM	ITAL DISEASE OR CO.	40111014 0	TVET IN FART TO	
E S	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY?			
景						VES D NOD			
I E	710 ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCURE				140
100		LAII.							
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DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending any trans



JEFF Millen F.S. ADDRESS 3651 HilmAn Rd.

18-22a 1/30/84 mtb G#587

1 - STATE

REGISTRAR

1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 17

(VR A15 ME (5) 20M 4/82

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN 2b. HOUR OF ESTI-DEATH MATED 1983 2d. HOUR DATE PRONOUNCED 1:30 DEAD 1983 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 3815 Park Heights. Avenue Watson Beatrice ADDRESS 3815 Park Heights, Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [X NO [CITY OR TOWN COUNTY Undetermined manner 111 Penn St., Balto., Md. 23d. LOCATION

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STATE OF MARYLAND

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		CEASED NAME FIRST		MIODLE	L	AST		20 DATE OF	DEATH M	ONTH	DAY Y	EAR	26 HOU	R
	[] Abé	JAMES		L.	ARVI	N		DECEM	BER :	22.1	983		12:	0010
	3. SEX		4 RACE	11.	5. DATE C	F BIRTH		6. AGE (INY			IF UNDER	1 YE AR	# UNDER	
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7		ountry) irginia	U.S	.A.	MARRIE	D NEVER	MARRIED U	BALTI	MORE	CIT	Y			MD.
9	10. CI	TY OR TOWN OF DEATH ALTIMORE	11. NAME OF	HOSPITAL, NURSI CHEACHITY GIVE STREE OHNS HO	ING HOME C	R OTHER INS	ITAL		C FOR MOST OF			IND OF	BUSINE	SSOR
	USU A 130. S	L RESIDENCE (IF NURSING HOME TATE 136, SOU	MOTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE	ITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODI	E			
ŀ	Ma	ryland		Baltim		YES 🔀	NO 🗌	2721	E. B	idd]	le S	t.	212	13
h	14. FA	THER'S NAME FIRST JOE	WIDDLE	Arvir			S MAIDEN NA/	ME	WIDDLE		Fo	LAST	sto	n
9		AS DECEASED EVER IN U.S. A		16b SOCIAL SEC		17. INFORM			ADDRES	S	ng	910	, 5 00	
	[Y	ES. NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	223-32	7316	Mars	I, A	rvin :	2721	E. F	Bidd	10	Str	eet
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	N O	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO		NOT RELATE	O TO THE TERM	VINAL DISEAS	E OR COND	ITION GIV	VEN IN PA	ART Ita		
2	CERTIFICATION	198 DATE OF OPERATION	- 10	ITION FOR WHICH		4 444	DRMED	200 AUTO	PSY?	IN CERTI	S, WERE I			H?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	CAUN .		DAY YEAR		NJURY OCCURE	RED (ENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR P	ART 2)		
	MED	WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE		211 LOCATI			CITY OR TOW	N (3	122	41Y	S	TATE
		22a I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did n	" DO +	19_	, or) (aur) apinian	death occurre	d on the dat	e and ha		m the c		
		22b. SIGNATURE	Don				ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		226.	12	(55	183
	6	22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	Jour		22e ADDRE	John.	s l	topk	(NS	4	036	ITAL	
		URIAL, CREMATION, REMOVA BURIAL					CREMATORY Cemete	23d LOCA ry B	altim	ore	COUNTY		Mo	ATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If the

Wm C March F/H Inc. 1101 E North Avenue **DEC 23**

Md . BY REGISTRAR 256 REGISTRAR'S SIGNATURE

and campletely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and car should be detoched for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 sha

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1 -				DEPAR				GIENE	REG. NO	0.	Tical D		
. DÉ	CEASED NAME	FIRST	A	AIDDLE	0 1	LAST		20 DATE O	-		DAY	YEAR	2b. HOUR
NEDICAL CERTIFICATION SEX O CILL SEX O C	OR PRINT) FIC	ora			Ask	in				12	30	83	12:20 pm
. SE	DECEASED NAME REGISTRAR STATE ASSOCIATE OF DEATH REG. NO.		IF UNO	ERIYEAR	IF UNDER 24 HRS								
	FEMALE		WHI	TE	MONT			8	39	YRS		DAYS	HOURS MIN.
		OREIGN 7	b. CITIZEN OF	WHAT COUNTR	Y? 8.	□ NEVE	PAAADDIED T	9 BALTIMO	RE CITY O	R COUN	ITY OF DE	ATH	
		0.00	U	.S.A.		-			BALTIN	10RE	CITY	7	MD
0 C	ITY OR TOWN OF DEA	TH	1. NAME OF H	OSPITAL, NUR		OR OTHER II	NSTITUTION	120 USUAL	OCCUPATION	ON	12b	KINDO	F BUSINESS OR
Bi	ALTIMOR	15	SINI I	A ILC	PI AL	OF	BALT				G LIFE) IN	T HC	OME
				GIVE RESIDENCE BEF							r. 30		21215
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6a V	VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	165 SOCIAL SE	CHELLPANO.			LEE ASI	CT NADDRE	SS			
((IF YES, GIVE	WAR OR DATES)										
	18. CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b),	ond (c.)							APPROXIM	MAYE INTERVAL
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			110110 4		DAY YEAR	ZIC. HOW	INJURY OCCU	IKKED (ENTER NA	ATURE OF INJUR	RY IN ITEM I	B PART I OF	PART 2)	
CA					19		-12-1						
MED					E, FARM, ETC)				CITY OF TO	WN	cc	YINU	STATE
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	sow the decease	d olive on	12"	- 29 19	83	nd that in (7	oinigo (rue) (ve	n death accurre	d on the do	te and h	our and f	rom the o	courses stated

sow the deceased alive on_ obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

120 ADDRESS

STAFF PHYSICIAN MEDICAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

236. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

231 NAME OF CEMETERY OR CREMATORY

OHEB SHALOM CONG.

23d. LOCATION
CITY OF TOWN
BALTIMORE

COUNTY

BP

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physicion

DHMH - 16 50M 4/82 (VRA 15, 4)

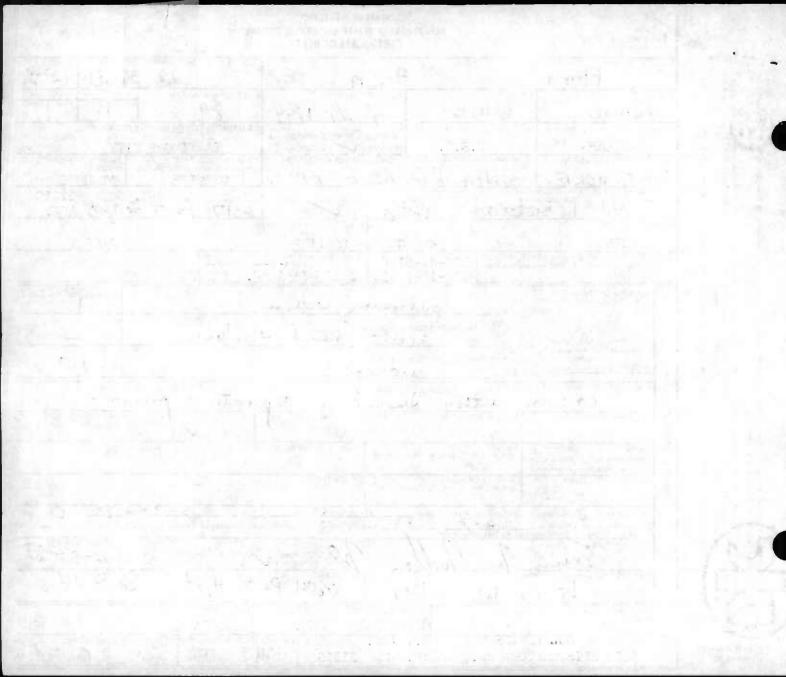
RALDIRECTOR SOL LÉVINSON & BROS., INC. 6010 REISTERSTOWN RD., BÂLTO., MD 24 FUNERAL DIRECTOR 21215

1-1-84

236. DATE

JAN 5

STATE REGISTRAR 256. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar attending physician.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

Leomard J. Ruck, Inc.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

2

REGISTRAR											
DECEASED NAM	1E	FIRST	MI	IDDLE	i	AST	20 DATE OF DE	REG. NO.	TH DAY	YEAR	2b. HOUR
TYPE OR PRINT)	J	ulia	1	M.	Atkin	son	Dec.	12	1983		
SEX		4. 1	RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY		DER 1 YEAR	IF UNDER 24 HR
Femal	Le		White	е	Se		86		YRS.	S DAYS	HOURS MI
BIRTHPLACE (STATE OR FO	DREIGN 7b.	CITIZEN OF W	HAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE			EATH	
Maryl	and		U.S.	.A.	WIDOWE	D DNORCED	Balt.	imore	Ci	tw	
CITY OR TOWN Balti			NAME OF HO	OSPITAL, NU FACILITY, GIVES HATT	IRSING HOME C TREET ADDRESS) Ord Road	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Stocke	R MOST OF WOR		DUSTRY	ok sto
SUAL RESIDENCE a. STATE Md •		IG HOME OR OTH		GIVE RESIDENCE B 13t. CITY OR 1 Balti	TOWN	13d. INSIDE CITY LIMITS? YES K NO	13e STREET ADD 5123 I		d Rd.	2	21234
FATHER'S NAME	E	MIDI	DLE	- Atkii	nson	15. MOTHER'S MAIDEN NA		IDDLE		LAS	ī
YES, NO OR UNKNI		U.S. ARMEI (IF YES, GIVE W.			SECURITY NO. 20-0639	17. INFORMANT Louise B	asham 5	ADDRESS 123 He	arford	Road	d
Conditions, gove rise couse (a),	to imme	ediote the	(b)	~	EQUENCE OF		-			1,574	
gove rise couse (a), underlying	to imme stating couse	ediate the last. IFICANT COM	DUE TO, OR (c) NDITIONS COM	AS A CONSE	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE O	ү? 20ь	. IF YES, WEI	RE FINDIN	
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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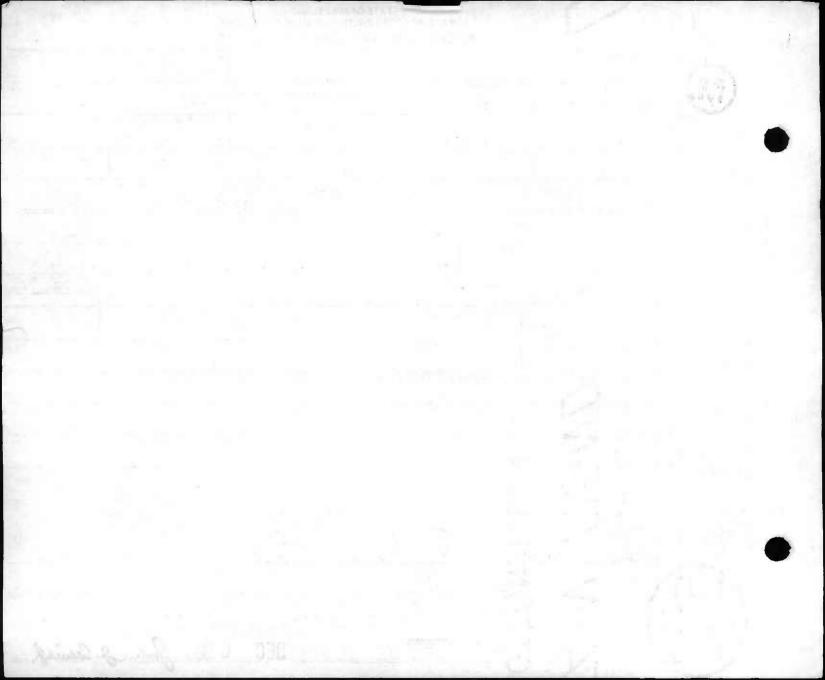
BP DHMH - 17 (VR A15 ME (5))

20M 4/82

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR			MEDIC	CALEX	AMINE	R'S C	ERTIFI	CATE	OF DE	ATH	REG.					
1		EASED NAME	E FIRST		All	DDLE			LAST			20 DATE OF	KNOWN ESTI-	× M	HINO	DAY YEA	R 2b.	HOUR
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И	1. SEX		4. RACE	5. DATE OF B	DAY		AGE (IN YEARS		DER 1 YR.		R 24 HRS.	2c. DAT	E NCED	WC	HIMO	DAY YEA	AR 2d.	HOUR
3		fale	Black	12 1	10	63 1	9 YRS.	MONTH	DATS	HOURS	MIN.	DEA		1	2-1-	-8319	9:	40P
7	J 81	RTHPLACE 15	YATE GR	76. CITIZEN C	OF WHAT	COUNTRY	(? 8	MARRI	ED NE	VER MAR	RIEDX	9 BALTI	MORE CITY	ORC	OUNTY	OF DEATH		
	Ma	rylan		U.	S.A			WIDOW	ED 🗆	DIVOR			imore					MD.
,	10 CF	TY OR TOWN	OF DEATH	11. NAME OF		AL, NURSIN		OR OTH	ER INSTITU	ITION		MOST OF WO		TYPE OF V	WORK 12	OR INDU	BUSIN	ESS
2		Balt	imore	John	s Ho	okins	Hosp	ital										
	USUA 13a. ST		(IF IN NURSING HOME OF			L. CITY OR			13d INSIDE (ITY LIMITS?	13e. ST	REET ADDR	LJJ	212				
		rylan				Balt	imore	9	YES 💢	NO [lift	vie	ew A	venu	e_	
	14. FA	THER'S NAME		MIDDLE		LAST				ER'S MAI	DEN NAM	E	MIDDLE			LAST		
0		ugene				Aye					olyn				(Grave	S	
4	160 V	AS DECEASE S, NO, OR UNKNO	DEVER IN U.S. ARA				SECURITY I		17. INFOR				ADDRE					
		NO				215-	86-45	599	Euge	ene	Ayer	s 20	35 E	. P	res			
		18 CAUSE C	OF DEATH (Enter onleath WAS CAUSED	y one cause pe	er line for	(o), (b), or	nd (c).)									APPROXIM SETWEEN ON		
		968	MMEDIAT	E CAUSE (a)_					head									
1		Conditio	ns, if any, which	DUETO	O, OR AS	A CONSE	DUENCE OF									0=10		
		gave ri	se to immediate	(b)_									1					
		lying cou) stating the <u>under</u> use last.	DUE 10	O, OR AS	a conse	DUENCE OF											
1		BART 2 OTHER C	IGNIFICANT CONDITIONS ((c)_	DC 47H DHY 1	IDT DELLTED	7.0 2117 27.011		42.42.42.4									
4	Z	TAKE 2 OTHER SE	IONIFICANT CONDITIONS	ON I KIBULING 1D	DEATH BUT P	INI KELAIEN	TO THE TERMINA	AL UISEASE	OK CONDITIE	IN GIVEN IN	PAKI I (0).							
Н	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b CC	MOITIGNO	N FOR WH	ICH OPERAT	TION W.	AS PERFOR	RMED?						20 AUTOPS	SY?	
	IFIC,	0.00														YES .	-	юП
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-		EXAMINER'S (TYPE OR PRI	NAME Mars	garita	A. K	orell	M.D.		ADDRESS_	111	Penn	Stre	et					
			TION, REMOVAL 2	3b DATE		23c NAA	AE OF CEME	TERY O	RCREMAT	ORY		OCATION			COUNT	,	STATE	
	B	TRIAL		12/8/	/83	Bal	timo	re (Cemet	ery	В	alti	more	,			d.	
		JNERAL DIREC	0.1.0.11	A	DDRESS								AR 25b RE	GISTR		_		
	Wm	n C Ma	rch F/H	Inc.	110	1 E	North	A Y	renue		C	6 198	3 8	2h	9	Calu	16	



death. Page 4 may be

filled in by the funeral auld be filed within 72 h

completely f

corban popers. Poges 1

FOR

CERTIFICATION

21a.

STATE OF MARYLAND

JINIE OI IIINKII		
EPARTMENT OF HEALTH AND	MENTAL HYGIENE	
CERTIFICATE OF	DEATH	

1 - STATE REGISTRAR	CI	RTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) Margare	t C.	Backus	20. DATE OF DEATH MONTH	3 83 920 AA
Female	Caus.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	USA	ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore City or Count	City MC
Balto		spital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	126 VIND OF BUSINESS OR INDUSTRY Home
130. STATE 136. COL	OR OTHER INSTITUTION GIVE REJIDENCE BEFORE ADM INTY 13c. OLY OR TOWN Da to	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 2621 Chestert	field Ave
14 FATHER'S NAME FIRST Thomas	MIDDLE CALA	Catherine	2 Hamper	LAST
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G)	RMED FORCES? 166 SOCIAL SECURITY 1614 WAR OR DATES) 2 17-14-097		y 2621 Chester	
PART I. DEATH WAS CAUS	polly one couse per line for (0), (b), and (c), sED BY: ATE CAUSE (a) CANDINGENIC DUE TO, OR AS A CONSEQUENCE (b) REUTE MACO	shock rolly intravellor		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH ZHANGS 3 Jangs
PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING TO DEAT		VINAL DISEASE OR CONDITION G	YEARS IVEN IN PART 1(0)

VII MOTTES, WE	Three at Alzense	
DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
		YES NOS YES NO
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT	LIGHT A AA AAGAITH DAN VEAD	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL 21d INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1980

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 12-2 obove, (1) (we) (did) (did not) view the body after death and that in (pro) (our) apinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Lowe 23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 23d LOCATION COUNTY 12-6-83 Balto. Holv Redeemer Cem. Md.

SCHIMBINER Funeral Home, Inc. 3331 Brehms Lane, Baltimore, Md.

DEC DATE REC'D. 21213

STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detoched far use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene priar to burial.

MPORTANT: If them 21 is marked ar Item 18 show

certificate has

FUNERAL DIRECTOR:

0

DEC 6 DEC 9 DEC

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG	IENE
CERTIFICATE OF DEATH	

1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEA CERTIFIC	ALTH AND MENTAL H	YGIENE REG. 1	10.	
	CEASED NAME FIRST	N BA	CLASKI	1	20. DATE OF DEATH	15 198.	Zb. HOUR
3. SE	EMALE	WHITE	5. DATE OF	17 1914	6. AGE IN YEARS LAST B	YRS.	DAYS HOURS MIN.
70. BI	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT CO	WIDOWED	DIVORCED [DALT 11	MORE	City MD.
B	ATIMORE	= 23 25	L, NURSING HOME OR GIVE ARREST ADDRESS!	ST.	TTO. USUAL OCCUPA	OF WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
n	PHAND 136 CC	EOR OTHER INSTITUTION, GIVE RESID DUNTY 13. CITY	TIMORE	34. INSIDE CITY LIMITS	2225	ESSEX	8121231
5	TOHN GR	UDZINSK	LAST		10WN MIDDLE	2666	LAST
	VAS DECEASED EVER IN U.S. YES NO PRUNKNOWN) 1 IF YES	ARMED FORCES? 166 SO(CIAL SECURITY NO.	OUISE 6	RABOWST	1 8125	FAGLEY S.
	PART I. DEATH WAS CAL	r only one couse per line for t USED BY: DIATE CAUSE (a)	ASC VI)		96	SYCUS
	4292 Conditions, if ony, which		ONSEQUENCE OF				
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF				
NO	V.	TO HYC O	his to DEATH BUT NO	OT RELATED TO HE TE	RMINAL DISEASE OR COL	NDITION GIVEN IN P	ART I/o
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED &	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MC	NTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART I OR I	ART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO		RII. LOCATION	CITY OR 1	rown cou	UNIY STATE
	sow the deceased alive	ospital) attended the deceos		that in (my) (our) opini	on death occurred on the	dote and hour and fr	om the couses stoted

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

22e. ADDRESS

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after

retained by the hospital or offending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

134 DATE

HELEN DER No 1/2 P. C. HE THINGS IN THE CONTROL CONTROL STATIONERS ARE LOSEX ST. HEVER WATER THE TENED THE X STORE & STEEL SEE SEE THE CHICANA DRAWERS The second of the second of the second of The said the state of the state of the

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia in and compared should be detached for use as the burial-transit permit. Then please remove carbon popers: Fagin 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. injury, ar ather traumatic event, the

STATE OF MADVIAND

1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. N	o.		6-4
	CEASED NAME PIRST DANZIE	MIDDLE L.	Bail	ley	20. 01.112 01 0211111	MONTH DAY 77-83	YEAR	26 HOUR -0 PM
3. SE	x Female	RACE Black	S. DATE C		6 AGE (IN YEARS LAST BIR	YRS		IF UNDER 4 HRS
D	unn, N.C.	U. S. A.	MARRIE		9. Baltimore CITY O	City		MD
В	altimore &	I NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE LEALON MULICA	TADDRESS	ter	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	Laun	-4
13a.	AL RESIDENCE (IF NURSING HOME OR OF STATE PLAN COUNTY aryland	HER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TON Baltima	MN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Baltimore,			
14. F	ATHER'S NAME FIRST Willie	Johnson Johnson	on	15 MOTHER'S MAIDEN NA. Bessie	MIDDLE		inder	S
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W			17. INFORMANT Albert Bailey	Jr. Balti	mere, Mo		rnex Rd 229
	PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	IY: CALAL	JENCE OF	t jth C	wix		BETWEENC	MATE INTERVAL INSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
RTIFIC					YES NO	IN CERTIFYING		OF DEATH?
_	218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURI	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
	22a.1 certify that (I) (this haspital)	attended the deceased from	8.7	nd that in (my) (our) apinion	, to	, 196		that (I) (we) last

abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

&

M 22e. ADDRESS

DEGREE

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Home Inc.

236 LOCATION
CITY OF TOWN
Ch Erwin,

238 BURIAL, CREMATION, REMOVAL (SPECIFY)

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

Burial BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

Funeral

Nutter NAME

134. NAME OF CEMETERY OR CREMATORY Mt. Pisqual Bapt. Chur 01/04/1984 2501 Gwynns Fa Baltimore, Md. Falls Sons 21216

COUNTY

The second secon

	1-	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	133
		CEASED NAME FIRST	MIODIE N. B	A, Le y 5. DATE OF BIRTH	12-1	VEAR 2b HOUR 11-83 IF UNDER 1 YEAR IF UNDER 24 HRS
	3. SE	7	BLACK	4 - 4 - 1920		MONTHS DAYS HOURS MIN.
多		M d		MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTO	CITY M
39	10. CI	BALTO 11.	NAME OF HOSPITAL, NURSING	SHOWE OR OTHER INSTITUTION	120 USUAL OCCUPATION 1117PE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OF
35		AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	TER INSTITUTION GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN		13. STREET ADDRESS 4405 FAITVIC	w fre
30	Ti. FA	ATHER'S NAME FIRST A LTCV A	HANDY	POSINE	MIOOLE SC 27	LAST
1		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	17 NO. 17 INFORMANT	A NUTT 32	803 Bower
and modulate event, and		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if only, which gove rise to immediate cause (a), stating the	Ac. la	my occupied i	enser'	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G. C.L.
	Z	underlying cause last. PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO BE	EATH BUT NOT RELATED TO THE TERM	SINAL DISEASE OR CONDITION GIV	EN IN PART I I O
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	INCERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
9		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART (ORPART 2)
5	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did nat) v	11-24 19	, and that ir ((my) bur) apinion	death accurred an the date and hou	A - STANDARD TO STANDARD
		to alread	Oster	DEGRED ATTENDING PHYSICIAL	MEDICAL STAFF DIRECTOR PHYSICIAN	12 - 14-8

BP. DHMH - 16 50M 4/B2

MPORTAN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

ATTENDING PHYSICIAN: The low

etained by the haspital or attending physicia

TO HOSPITAL

(VRA 15, 4)

230 BURIAL, CREMATION.

REMOVAL

23b. DATE

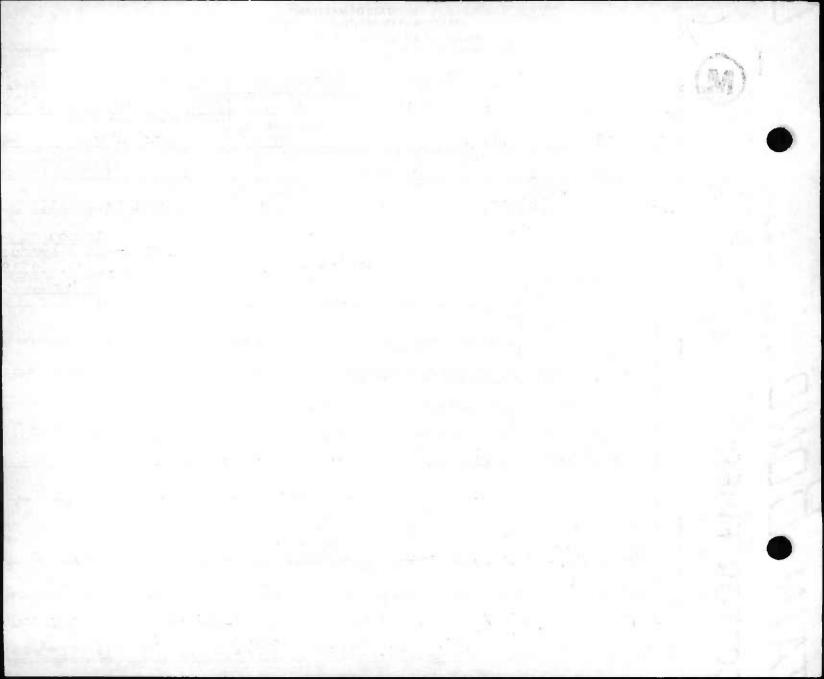
PX PANCEUSTUM DOUNTY PARTIES DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC 1 6 1983

AND COLUMN THE STREET The second of th And my or sail and when the Petersone reguestances OTER NAME OF STATE As well as the season of the control of the control of

20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		MEL	DICAL EXA	MINER'S	CERTIFICA	ATE OF DEA	ATH	REG. NO.		
	ECEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNO	OWN MON	ONTH DAY YEAR	26 HOUR
(111	PE OR PRINTI	Brando	on Sh	nawn	F	Baker		OF ES	TED 12	2/18/83	M
3. 5E)	4. RAC	CE 5	5. DATE OF BIRTH		E (IN YEARS IF UT			2c. DATE	MONI	NTH DAY YEAR	
M	ale Wh	hite			6 YRS.	HS DAYS NO	DURS MIN	DEAD		18/83 19	Рм
7a. 8	THPLACE (STATE OR	7	76. CITIZEN OF WH	AT COUNTRY?	8 MARI	RIED NEVER	R MARRIED X	9 BALTIMORE	CITY OR COL	OUNTY OF DEATH	
Ma	aryland		U.S.A.		WIDOV	WED D	DIVORCED [imore C		MD.
M. C.	CITY OR TOWN OF DE		II HAME OF HOSE	PITAL, NURSING	HOME, OR OTH	IER INSTITUTIO	N 12a. USU	UAL OCCUPATION		ORK 17b. KIND OF BU OR INDUST	
	Baltimore			sity Hos				udent	10.67		
	IAL RESIDENCE (IF IN NI STATE	COUNTY	OTHER INSTITUTION, GIV	13c. CITY OR TO		138. INSIDE CITY L	LIMITS? 13e STRE	REET ADDRESS			
Ma	aryland		imore	Edgeme		YES 🗌 N	NO 🖈 260	05 Bran	nnon 1	Ave. 21	.219
}4. F.	ATHER'S NAME		MIDDLE	LAST			S MAIDEN NAME			LAST	
	enneth		H.	Baker		Pats	У	R.		Cannon	
16e. \	WAS DECEASED EVER YES, NO, OR UNKNOWN]	R IN U.S. ARME		16b. SOCIAL SE	CURITY NO.	17. INFORMAN	NT	2	805 B1	rannon A	venue
No		(,	213-68	8-7911	Patsy	R. Bal			o., MD.	
	18 CAUSE OF DEA	TH (Enter only	one couse per line							APPROXIMAT BETWEEN ONSE	
2	PART I DEATH V	WAS CAUSED E IMMEDIATE		Multip	ole Inju	ries					
/	8120			AS A CONSEQUE	ENCE OF						
	Conditions, if gove rise to	immediate	(b)								
	couse (o) stating		DUE TO, OR	AS A CONSEQUE	ENCE OF						
			(c)								
	PART 2 OTHER SIGNIFICAT	NT CONDITIONS CO	INTRIBUTING TO DEATH F	IUT NOT RELATED TO T	NE TERMINAL DISEAS	E OR CONDITION GIV	VEN IN PART 1 to				
01											
CA	19a. DATE OF OPER	ATION	196. CONDIT	TION FOR WHICH	OPERATION V	/AS PERFORMED	D?			20 AUTOPSY	?
MEDICAL CERTIFICATION	SWEEDNING CO.		100 7105 25		I	()				YES 💢	NO 🗌
CE	210 EXTERNAL CAL		216. TIME OF HOUR A.M.		YEAR 21c. H		CCURRED (ENTER N			DR PART 2]	
CA	UNDERLYING X	CAUSE OF DE	EATH 11:15P	M 12/17/	183 dr	iver in	n auto/au	uto col	lision		
MED	WHILE NOT	RRED T WHILE	STREET FACTO	OF INJURY (AT HO ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY	STATE
		WORK	roa	dway	Nor	th Poin	nt Rd.113	3 Ft. so	o. of I	Lodge Farm	n Rd.
	220. I certify that	I took chorge	of the remoins desc	cribed obove, held	don Auto	psy X, In:	nspection .	Inquiry 🗀	Edc	gemre, Md.	
	death resulted from	Noturo	ol couses .	Accident	Suicide	, Homicide	. Undet	termined monner	r .		
		ha	2			TITLE (SPEC					
	SIGNATURE	IVV	M	~		A.D. Assis	stant_MED	ICAL EXAMINE	R SK	ATE IGNED 12/19/	/83
1	EXAMINER'S NAME	1.	- /								
	(TYPE OR PRINT)	_ Ar	nn M. Dix						Balto.	Md. 2120]	1
23o.B	BURIAL, CREMATION,					OR CREMATORY		OCATION		COUNTY 5	STATE
Bu	urial	1	2/21/83	Oak	Lawn		Ba	altimo:	re		rland
24. F	FUNERAL DIRECTOR)uda-R	tuck, In	C.			DATE REC'D. BY		SE REGISTRAR	- /2	. 1
75	922 Wise	Avenu	ie Dun	dalk. I	MD. 21	222	DEC 2	1 1903	1/a-Ca	ng Cohe	ug.



BP DHMH - 16 50M 4/83

(VRA 15, 4)

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MPORTANT: If them 21 is morked or them 18 the ws any injury, or other troumatic event, the medica

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT		REG. N	10	4	0 0
		CEASED NAME FIRST	AID	DUE	(AST		2a. DATE OF DEATH	_	DAY YEAR	26 HOUR
		ATILDA	ELIZAB	ETH	B	AKER			12-1	2-83	1/21
	3. SEX		4_RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	F	emale	Whit	е	Aug.		82	101	YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8. MARRIEI	NEVER MARR	IED 🗆	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
1		ryland	U.S.		WIDOWE	DIVORC	ED 🔲	BALTIMORE	Cita	1	ME
/	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING		R OTHER INSTITUT	ION	12a USUAL OCCUPAT		126 KIND C	F BUSINESS OR
1	1000	TIMORE CITY	UNION ME			ral		Housewif			Home
2	Ma Ma	4	ROTHER INSTITUTION GI INTY timore	CITY OR TOW	N	134 INSIDE CITY LI YES X NO		13e STREET ADDRESS 5500 Dol	/ ZIP CODE	Ave.	21227
7	14 FA	THER'S NAME ERRST Adolph	MIDDLE	Becker		15. MOTHER'S MAI Eliz	abet	:h		UNKNO	N)
5	16a V	VAS DECEASED EVER IN U.S. A	NE WAR OR DAIES	SOCIAL SECU		17 INFORMANT		nford, ADF		32771	
1		(IF YES, G	2	16-05-9	0531	2 Donal	d C.	Baker,	110 C		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		ne for to), (b), and		PATORY.	ARK	2557			MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which		AS A CONSEQUE		ure				10	91/5
		gave rise to immediate cause (a), stating the underlying cause last.	(10) Ro		ROAN			muyThe ANS		10	DAY
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	Alcuse,				NFARCTION	CHE		a ·
4	CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOPSY? YES NO NO	IN CERTIF	S, WERE FINDI YING CAUSES S	NGS USED OF DEATH?
2	Y Y	2 fg. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M.	INJURY MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM T8 P	PART I OR PART ?)	
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY T, FACTORY, OFFICE FA	ARM, ETC }	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
		22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	oital) attended the	deceased fram	/2 83, or	nd that in (my) (our)	93 opinian d	to 12/12	date and hou		that (I) (we) last causes stated
		22b. SIGNATORIE	55	Ll.	_	DEGREE ATTEN	ELIAN	MEDICAL STA	AFF CIAN []	12. DATE	SIGNED (2-33
	-	22d. PHYSICIAN'S NAME (TYPE	orprint)	Scarin		27e. ADDRESS UNION ME	MORIA	AL HOSPITAI			
	(URIAL, CREMATION, REMOVA	Dec.14,	1983 G	reen			Baltimo		COUNTY	M'a⁺.
	7R(0	BERTECOR ALTI	ENBURG F Rd., Bal	UNERAL to, Mo	MOH	E, INC. 21214	250 DATE	CTTTE	25b. REGIST	RAR'S SIGNAT	Colorell

Tagio .bw. mulicon office which is the leading the control of the (Threfall) / Medestin - Wester - Medestin - expension control that there are a significant

	State of the last		
	lough you	H ICHOOLE	
	union cramerion o	OTOL CICINOTION, C	
,	5	2	

ed by the ottending physicion and completely filled in by the fundamental companies companies.

certificate has been

OR ATTENDING PHYSICIAN: The

erained by the hospital or off

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pri MAPORTANT: If Item 21 is marked or Item 18 shows

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	REG.	NO.	2 1	5 0	
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	THOPPO C	
(1461		RLES !	ELLIOTT	В	ALDWIN	Decembe	r 19.	1983	YA "	
3. SEX 4. RACE			S. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN,		
Male White		ite	Apr		77	YRS.	MONTHS	HOURS MIN.		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	S.	D & NEVER MARRIED	9. BALTIMORE CITY				
	Vew York	U	SA	WIDOW		Baltimor	e City		ME	
10 C	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUP				
	Baltimore	3501	St. Paul	St.	Apt. 707	Salesm			rance	
13a. S	AL RESIDENCE (IF NURSINO HO STATE 13b. C	ME OR OTHER INSTITUTION	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	3501 St.		St. 21	218	
	ATHER'S NAME	WIDDLE	SAST		15 MOTHER'S MAIDEN NA			LAS		
	Christopher		Baldwin		Mary	Elliott		Peas	11	
	VAS DECEASED EVER IN U.S	ARMED FORCES		JRITY NO.	17 INFORMANT	ADI	DRESS			
l '	No.	S. GIVE WAR OR DATES)	Land of the same	7884	Elliott B. I	Baldwin,	Balt	o. , MI		
	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C. [MM6] Conditions, if ony, whice gove rise to immediate couse (o), stoting the underlying couse los	DUE TO,	OR AS A CONSEQU		of flaso	Play	uf.	BETWEEN	WASTE INTERVAL ONSET AND DEATH	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED	
ERT	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME	OF INJURY		21c. HOW INJURY OCCUR				110 []	
A C	OR CONTRIBUTING CAUSE	OF DEATH HOUR		AY YEAR						
DIC	(IF EITHER NOTIFY MEDICAL EXA		P.M. E OF INJURY	19	MIL LOCATION					
MEI	WHILE NOT WHILE T	MOH TA)	STREET, FACTORY, OFFICE,	FARM, ETC)	STREET =	// KITY OF	M i G	COUNTY	STATE	
	27a.1 certify that (I) (this some the deceased of above. It is not ideal to 27a. SION ATURE				nd that in (my) (out) opinion EGREE ATTENDING PHYSICIAN	,	TAFF		that (I) (we) lost causes stated	
	22d. PHYSICIAM'S NAME (TYPE OR PRINT) 270. ADDRESS									
	Dr. William			A.D.	5006 Rola		Bal	to., N	ID/	
230	BURIAL, CREMATION, REMO		1/		EMETERY OR CREMATORY	23d. LOCATION	:110	A COUNTY	STATE	
24.5	Burial UNERAL DIRECTOR 1.10	12/2			in Memorial	Millers	ville,	(DADIS CICALIA	MD	
74 P	NAME HE	nry W.	Jenkins,	& Soi		O 4000		IRAK S SIGNAT	UKE -	

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DHMH - 16 50M 4/82 (VRA 15, 4)

4905 York Road

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No 18 Jo 7884 Elligt 9. Paldwin, Palto, William
Dr. William G. Helfrich, M.C. Bive Foland Avenua, Balto., IND
Eurus 12/32/95 Ealowin Namorial Iliano, Nilia, Sa A C.

Hummy W. Johnsonsenstonero.

DHMH - 17 (VR A15 ME (5))

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FOR

	STATE	OF MA	RYLAND	/ 1
DEPARTMENT	OF HE	ALTH A	ND MENT	AL HYGIEN

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		STATE REGISTRAR		MED	ICAL	EXAMI	NER'S	CERTIFIC	CATE	OF DE	ATH	REG	NO.				
		EASED NAM	E FIRST		WIDDLE			LAST			2s. DATE OF	KNOWN ESTI-	[X] M	HTMO	DAY	YEAR	7b. HOUR
	(,,,,	CONTRINCT	SCELE	ESTE			BA	NKS				MATED	□ <u>1</u>	12	15	1983	M
4	3 SEX		4 RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN		NDER 1 YR.		R 24 HRS.	2t. DAT		AAC	HIMO	DAY	YEAR	24 HOUR
		Male	Black		1917	66	YRS,	HS DAYS	Hours	MIN	PRONOU DEAI		1	2 1	5	1983	10:06
1	7a. BII	RTHPLACE (5		76 CITIZEN OF WH			8 MARE	IED X NE	VED AA A D	PIED []	9. BALTIA	AORE CIT	Y OR C	OUNTY	OF D	EATH	
1		nshoro	, S. C.	U. S. A.				VED 🔲			Balt	imore	· Ci	tv			MD.
P	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NU			HER INSTITU		12a US	UAL OCCL	PATION		WORK 12	KIN	ID OF BU	Stee
A		Ralt	imore	Sinai Ho			5)				most of wo			1	2+2	inle	"Stee
1		L RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMI		Language			REET ADDR		17 B				
	13a. S'	ryland	136 COUNT	Y		timor		13d. INSIDE O			timor						CIIC
		THER'S NAMI	E		I Das	CINOI				DEN NAM	F		TYT	and	<u></u>	213	
11	1	Thomas		MIDDLE		anks		1	aggie			MIDDLE		As	shf	•rd	
4			D EVER IN U.S. ARM	VED FORCES?		CIAL SECUR	ITY NO.	17. INFOR			481	7 1888	566FO				
П	(1)	ES, NO, OR UNKNO	OWN) (IF YES, GIVE W	VAR OR DATES)	710	-10-62	22-1	Less:	ie D:	nke		timo					1215
		No.	S D S A TILL S				.02-A	Less.	re be	CALLE	Bal	CINO	. = ,	Mar		PROXIMATI	
			OF DEATH (Enter only EATH WAS CAUSED	max.						1	2:						T AND DEATH
		45	-MMEDIATI	E CAUSE (a) Art				cardic	vasc	ular	alse	ase			-		
		100	-7	DUE TO, OR	AS A CON	4SEQUENC	E OF										
			ns, if any, which	(b)													
) stating the <u>under</u>	DUE TO, OR	AS A CON	NSEQUENC	E OF										
		lying car	use last.	(c)													
	10	PART 2 OTNER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TE	RMINAL DISEA	E OR CONDITIO	N GIVEN IN	PART 1 tg							
	NO																
1	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OP	ERATION V	VAS PERFOR	RMED?						20 A	UTOPSY	?
1	IFIC														,	YES 🗆	NO S
力	ER	21a. EXTERN	AL CAUSE WAS	21b. TIME OF				OW INJURY	OCCUR	RED (ENTER	NATURE OF H	VJURY IN ITE	A 18 PART) OR PART	2)		
2	ALC	UNDERLYING	G OR	HOUR A.M.	MONTH	DAY YE	AR										
	MEDICAL	21d INJURY		21e PLACE C	F INJURY	1.7	2 If. LC	CATION									
	ME	WHILE	NOT WHILE	STREET, FACTO	ORY, FARM, E	tc)		STREET			CITY OR TO	NWC		COUN	ITY		STATE
		AT WORK	AT WORK		-				-	[44]							-
		22a. 1 cert	ify that I taak charge	e at the remains desc	ribed abo	ve, held an	Auta	osy 🔲,	Inspect	ian X	Inquiry	/ Ш	and in	ту аріг	nan		
		death result	ted fram: Nature	ol causes X	Accident	□,	Suicide	, Hami	cide 🔲	Unde	termined m	anner L	<u></u>].				
		'arianan'in'	A	11	1			TITLE (S	SPECIFY)								
		ACTUAL SIGNATURE		M	SV	_	^	A.D. ASS	istar	it_MED	OICAL EXA	MINER		DATE SIGNED	12	-15-	83
2		EV A AA IA IE D'E	NAME .	- /	100												
		(TYPE OR PRI		n M. Dixor	1, M.	D.		ADDRESS_	111	Penn	St.,	Balt	.o.,	Md.		2120.	1
	23a.Bl	URIAL, CREMA	TION, REMOVAL 23	b DATE	23c. 1	NAME OF C	EMETERY	OR CREMAT	ORY	23d. Le	OCATION			COUNT	Y	51	TATE
		Bu		12/21/83				onal		Pk.	Laur				Ma	ryla	nd
	24. FI	UNERAL DIREC	TOR NUTTER	& SONS	2501	GWYNN	IS FAI	LS PK	Y DAT	E REC'D. B	Y REGISTR	AR 256 R	EGISTR.	AR'S SK	SNAT	URE	4
		NERAL		BALTIM	ORE,	MARYI	LAND 2	1216	DE	FC 1	6 198	315	bala	2	LG	shul	人

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fired with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the medica

WAPORTANT: If Item 21 is marked or Item 18 shaws any

page 3

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RE	GISTRAR			C	ERTIFIC	CATE OF DEA	TH	REG.	NO.		
	SED NAME	FIRST	WIDDLE	12 12	LAS	ST.		20. DATE OF DEATH		DAY YEAR	26 HOUR
TYPE OR P	PRINT)	Halli	0		22.71	RDEN		Decembe	r 16	1983	11:45 ^A
3 SEX			1. RACE	5.	DATE OF			6. AGE IN YEARS LAST		IF UNDER 1 YEA	
	M		Black	6	MONTH	DAY	YEAR 2	63	YR	MONTHS DAYS	S HOURS MIN.
7a BIRTHI		FOREIGN	b. CITIZEN OF WHAT	COUNTRY? 8.	MARDIED	☐ NEVER MAR	DIED A	9 BALTIMORE CITY	OR COU	NTY OF DEATH	
	MINETE	·W	2234		IDOWED			Baltim	ore C	itu	MD.
10. CITY C	or town of DEA		II. NAME OF HOSPIT		RESS)		TION	120. USUAL OCCUPA (1YPE OF WORK FOR MOS	ATION TOF WORKIN	126 KIND INDUSTR	OF BUSINESS OR
130. STAT	ESIDENCE (IF NURS	NE COUN	THER INSTITUTION, GIVE RES		MISSION)	13d INSIDE CITY	LIMITS?	13. STREET ADDRES			ga.
14. FATHE	R'S NAME FIRST UNK	A	AIDDLE	LAST		15. MOTHER'S MA		MIDDLE		ı	AST
	DECEASED EVER		MED FORCES? 166 SO	OCIAL SECURITY		17 INFORMANT	1141	ANDRES	RESS	110 Nos.	FINNED AL
N CERTIFICATION Solution 100 100 100 100 100 100 100 1	part I. DEATH W onditions, if only, ove rise to imr puse (o), statin inderlying cause URT 2. OTHER SIGN GASTIOIN DATE OF OPERA	AS CAUSEE IMMEDIATE which mediate ing the last. NIFICANT COLORS TION DERLYING CAUSE OF DEAL	DUE TO, OR AS A (b) CO DUE TO, OR AS A (c) PO ONDITIONS CONTRIE 19b. CONDITION F 21b. TIME OF INJUITHED THE	consequence ongestive consequence ortal Hypering to DEA ong, with FOR WHICH OP	TE OF PET LE OF	ension Ophageal Was Performi	THE TERMI . Vari ED		206. IF IN CE	GIVEN IN PART I	DINGS USED ES OF DEATH?
WEDIC V	IF EITHER NOTIFY MEDII I. INJURY OCCURI THILE NOT WE AT WO	RED	P.M. 21e. PLACE OF INJ (AT HOME, STREET, FAC			21f LOCATION STREET		CITY OR	town	COUNTY	STATE
220	sow the decease	ed alive on did) (did) e	ol) ottended the dece December wiew the body after d	16_19	0.	EGREE ATTE PHY 22e ADDRESS	NDING SICIAN	MEDICAL S	date and	22c. DAT	tho KK (we) lost the couses stated TE SIGNED
230. BURI	IAL, CREMATION,	REMOVAL	23b. DATE 2 / 8			METERY OR CREA	MATORY	23d LOCATION		6 m	STATE
24 FUNE	RAL DIRECTOR AME Anahall	P. 7	layer - 6	38°N.	Glon	rst.	25a DATE	C 1 9 198	3 25b. 80	STRAR'S SIGN	Court

DHMH - 16 50M 4/B2 (VRA 15, 4)

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Concestive heart failure

Portal Fuertension

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Nov. 12 7 83 Page Par J.

I. Manne, M.D. c/o Maruland General Noveltil

14/00/12 MIT LOUISING BRITISHER MED

DEP

PARTMENT OF HEALTH AND MENTAL HYGIENE	0	5	La
CERTIFICATE OF DEATH	REG	G. NO.	

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
(TYPE OR PRINT) CHARL	ES EDWARD	BARKER JR.	12 1	7 83 6:00A M		
3. SEX	4 RACE	5. DATE OF BIRTH		FUNDER LYEAR FUNDER 24 HRS.		
Male	White	March 30,1920	63 1 YRS.	ONTHS DATS HOURS MIN.		
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		11.5.	OF DEATH		
Morral and	USA	MARRIED NEVER MARRIED				
Maryland O CITY OR TOWN OF DEATH		WIDOWED DIVORCED	Baltimore City	MD 12h, KIND OF BUSINESS OR		
	I IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY		
Baltimore		re, Maryland 2121	8 Manager	Florists Del.		
USUAL RESIDENCE (IF NURSING HOME 13b. COL			? 13e STREET ADDRESS / ZIP CODE			
Maryland	Baltime	ore YES 🛛 NO 🗆	410 Calvin Ave.	- 21218		
4 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LASI		
Charles Edward		Gertrude	Louise Flickenschi			
60 WAS DECEASED EVER IN U.S. A			ADDRESS			
Yes, no or unknown) (IF YES, O	II 218-07	-3537 Joan M. Bar	rker Same			
			THOI DUNC	APPROXIMATE INTERVAL		
PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY:	+ 2.0		RETWEEN CHOSE AND DEATH		
IMMEDI	ATE CAUSE (a)	ratory facing	2	flew bong		
5192	5/92 DUE TO, OR AS A CONSEQUENCE OF					
Conditions, if ony, which		month				
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF () / -	0 .1			
underlying couse lost.	(c) circle	sis lever 1	alline	gears		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CONDITION GIVE	EN IN PART Ito		
Z						
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	195. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED		
<u>E</u>	chololithing	in Vileanne coli	YES NO YES	YING CAUSES OF DEATH?		
21a, ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	21c How INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA			
			TEMES TEMES			
(IF EITHER NOTIFY MEDICAL EXAMIN		19				
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE		
AT WORK AT WORK		-21-				
220.1 certify that (this has	pitol) ottended the deceosed from DECEMBER 17	9CTOBER 10 19 8	3 to DECEMBER 17	19.83		
sow the deceased alive of	on DECEMBER 17 19.	83 , and that in (a) (our) opin	nion death occurred on the date and hour	and from the causes stated		
22b. SIGNATURE	C A	DEGREE		22c. DATE SIGNED		
/aw	reaco of Van	de no ATTENDIN PHYSICIAL	G MEDICAL STAFF N DIRECTOR PHYSICIAN Y	12-17-83		
22d. PHYSICIANS NAME (TYPE	The pro	22e. ADDRESS	P DIRECTOR D PHILOSCHAIN CX X	104-11		
-	102	0 -		0		
CAWTE	wet a salle	VAMU, Bal	timore, Maryland 21	218		
30. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY STATE		
(SPECIFY) Burial	Dec. 21.1983	Lorraine Park	Woodlawn, Balto			

medicol

ony injury, or other troumotic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

Dec. 21,1983 Lorraine Park 74 FUNERAL DIRECTOR
ADDRESS 6500 York Rd.
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 Woodlawn, Balto, Co., Maryland Reco, By registrar 25 kg/gistrar's signature C 2 3 1983

577-101 fills soil & implements Burlows Itanie 1 March of the second dolehithisis Johnny colic James J Louglan no E8-11-61

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Ey the familiar should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 DE	ECEASED NAME FIRST		MIDDLE	1/	AST	REG. I	MONTH	DAY YEAR	25 HOUF				
	PE OR PRINT)					Zu. DATE OF DEATH		D	28 MOOF				
2.05	Earl			Bar			12	15 83					
3. SE	ЕX	4 RACE		5 DATE O		6 AGE (IN YEARS LAST B	(RTHDAY)	MONTHS DAYS	MOURS I				
	Male	B1.	ack	8	1 10	73	YRS						
70. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	П. изига ва га	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	-				
V	irginia	U.S	. A .	WIDOWE	DI NEVER MARRIED DIVORCED KI	Baltim	000	71 +					
	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINES				
-	Baltimore	LUT	HERAN H	OSPIT	AL	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY					
13a	JAL RESIDENCE (IF NURSING HOME STATE 13b CO		13c CITY OR TOV	VN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		0	101				
	ATHER'S NAME		Daiti	nore	YES X NO 1	1129 N.	Fult	on Ave	enue				
)	FIRST	MIDDLE	LAST		FIRST	WIDDLE		L A	ST				
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO				URITY NO.	17 INFORMANT	ADDE	RESS						
((YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	N/A		Charles Ca	lvin 331	4 Hav	wood /	Meni				
	18 CAUSE OF DEATH Enter	anly and cause as		nd re M		2 /	1 11 47		MATE INTERVIOUSET AND E				
	PART I. DEATH WAS CAU	SED BY:	V P.	11/08	Thursen	1 Night 10	1 Louis	BETWEEN	ONSET AND E				
	IMMEDI	ATE CAUSE (0)	104	53000	COUGUEN	court 11	1/1/1/2	CIM					
	41000	5115 10 0	0.45 4.604155011		6		11	1					
	1 1100	DUE TO, C	DR AS A CONSEQU	4/80 DUE TO, OR AS A CONSEQUENCE OF									
				4	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which	(d)	A	5001)									
	gove rise to immediate	(b)_		A	5001)								
	gove rise to immediate couse (a), stating the)	PR AS A CONSEOU	A	50013			-					
	gove rise to immediate	DUE TO, O	DR AS A CONSEOU	A	5000								
	gove rise to immediate couse iot, stating the underlying couse lost.	DUE TO, O		ENCE OF	50013								
z	gove rise to immediate couse (a), stating the	DUE TO, O		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GI	IVEN IN PART 1	10				
TION	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICANT	DUE TO, O		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COM							
CATION	gove rise to immediate couse iot, stating the underlying couse lost.	DUE TO, O	ONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM NOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR COP	20b. IF YE	ES, WERE FINDI	NGS USED				
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICANT	DUE TO, O	ONTRIBUTING TO	DEATH BUT I	illunes.	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED				
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O	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHETTER NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTION OF C	DUE TO, CO (c) (c) (d) (e) (e) (i) (ii) (iii) (ii	ONTRIBUTING TO OF INJURY M. MONTH D OF INJURY REET, FACTORY OFFICE	DEATH BUT I	216 HOW INJURY OCCURR	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE FINDI IFYING CAUSE: 'ES PART I OR PART 2)	NGS USED S OF DEATH NO				
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O	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF AT WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINATION OF AT WORK 22a.) certify that (1) (this has sow in decreased in the cooper of the decreased in the cooper of the coo	DUE TO, CO (c) (c) (d) (e) (ii) (iii)	ONTRIBUTING TO ONTRIBUTING TO WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY OFFICE	DEATH BUT I DEATH BUT I TOPERATION AY YEAR 19	216 HOW INJURY OCCURR 211 LOCATION STREET 19 d that in (my) (our) opinion of	200 AUTOPSY? YES NO ENTER NATURE OF INJ	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE FIND IFYING CAUSES ES PART 1 OR PART 2)	NGS USED S OF DEATH NO				
O	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF COURRED WHILE AT WORK AT WORK 22a.) certify that (1) (this has	DUE TO, CO (c) (c) (d) (e) (ii) (iii)	ONTRIBUTING TO ONTRIBUTING TO WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY OFFICE	DEATH BUT I DEATH BUT I TOPERATION AY YEAR 19	216 HOW INJURY OCCURR 216 LOCATION STREET 19 d that in (my) (our) opinion of	200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the co	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE FIND IFYING CAUSES ES PART 1 OR PART 2)	NGS USED 5 OF DEATH NO ST. that (I) (w				
O	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF AT WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINATION OF AT WORK 22a.) certify that (1) (this has sow in decreased in the cooper of the decreased in the cooper of the coo	DUE TO, CO (c) (c) (d) (e) (ii) (iii)	ONTRIBUTING TO ONTRIBUTING TO WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY OFFICE	DEATH BUT I DEATH BUT I TOPERATION AY YEAR 19	216 HOW INJURY OCCURE 211 LOCATION STREET 19 d that in (my) (our) opinion of	200 AUTOPSY? YES NO ENTER NATURE OF INJ CITY OR T. . to 2 deoth accurred on the company of t	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE FINDI	NGS USED 5 OF DEATH NO ST. that (I) (w				
O	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF AT WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINATION OF AT WORK 22a.) certify that (1) (this has sow in decreased in the cooper of the decreased in the cooper of the coo	DUE TO, CO (c) (c) (d) (e) (e) (ii) (iii) (ONTRIBUTING TO ONTRIBUTING TO WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY OFFICE	DEATH BUT I DEATH BUT I TOPERATION AY YEAR 19	216 HOW INJURY OCCURE 211 LOCATION STREET 19 d that in (my) (our) opinion of	200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the co	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE FINDI	NGS USED 5 OF DEATH NO ST. that (I) (w				
O	gove rise to immediate couse 101, stating the underlying couse lost. PART OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF CHIEF THE NOTIFY MEDICAL EXAMINATION AT WORK AT WORK AT WORK AT WORK AT WORK 22b. SIGN TUB 22b. SIGN TUB 22c. Stating decorated and the coboys (11) and the coboys (12) and the coboys (13) and the coboys (14) and th	DUE TO, CO (c) (c) (d) (e) (e) (ii) (iii) (ONTRIBUTING TO ONTRIBUTING TO WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY OFFICE	DEATH BUT I DEATH BUT I TOPERATION AY YEAR 19	216 HOW INJURY OCCURE 216 LOCATION 51REET 19 d that in (my) (our) opinion of Physician Physician	200 AUTOPSY? YES NO ENTER NATURE OF INJ CITY OR T. . to 2 deoth accurred on the company of t	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE FINDI	NGS USED 5 OF DEATH NO ST. that (I) (w				
O	gove rise to immediate couse 101, stating the underlying couse lost. PART OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF CHIEF THE NOTIFY MEDICAL EXAMINATION AT WORK AT WORK AT WORK AT WORK AT WORK 22b. SIGN TUB 22b. SIGN TUB 22c. Stating decorated and the coboys (11) and the coboys (12) and the coboys (13) and the coboys (14) and th	DUE TO, CO (c) (c) (d) (e) (e) (ii) (iii) (ONTRIBUTING TO ONTRIBUTING TO WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY OFFICE	DEATH BUT I DEATH BUT I TOPERATION AY YEAR 19	216 HOW INJURY OCCURE 216 LOCATION 51REET 19 d that in (my) (our) opinion of Physician Physician	200 AUTOPSY? YES NO ENTER NATURE OF INJ CITY OR T. . to 2 deoth accurred on the company of t	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE FINDI	NGS USED 5 OF DEATH NO ST. that (I) (w				
WEDICAL C	gove rise to immediate couse 101, stating the underlying couse lost. PART OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTING AT WORK 22a. I certify that (1) (this has sown the deceased lifether obove 111 and 114 and 12b. SIGN 1111) 22b. SIGN 1111	DUE TO, CO (c) (c) (d) (e) (e) (ii) (iii) (ONTRIBUTING TO OF INJURY M. MONTH D OF INJURY REET, FACTORY OFFICE dedecased from ofter death.	DEATH BUT I DEATH	216 HOW INJURY OCCURE 217 LOCATION STREET ATTENDING PHYSICIAN 218 ADDRESS 218 ADDRESS METERY OR CREMATORY	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR T CITY OR T MEDICAL STA DIRECTOR PHYSI #334, LOCATION	20b. IF YE IN CERT Y URY IN ITEM IB OWN dote and ha	COUNTY 19 2 22c. DATE	NGS USED S OF DEATH NO S1. that (I) (we couse state Sign NED				
WEDICAL C	gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COUNTRIBUTING CAUSE OF COUNTRIBUTING AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has sown the decreased like of obove (11) and the countribution of the countribution of the countribution) 22b. SIGN TUB 22d. PHYSICIAN SINAME (1996)	DUE TO, CO (c)	ONTRIBUTING TO OF INJURY M. MONTH D OF INJURY REET, FACTORY OFFICE dedecased from ofter death.	DEATH BUT I DEATH	216 HOW INJURY OCCURRED 216 HOW INJURY OCCURRED 217 LOCATION 51REET 19 d that in (my) (our) opinion of the physician of th	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR T CITY OR T MEDICAL STA DIRECTOR PHYSI #334, LOCATION	20b. IF YE IN CERT Y URY IN ITEM IB OWN dote and ha	ES, WERE FINDI	NGS USED 5 OF DEATH NO ST. that (I) (w				

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND CEPTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J	Co	- 1	- day	1

1	REGISTRAR		CERTIFICATE OF DEAT	REG. N	0.
1	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	(TYPE OR PRINT)		BARNES JR	DECEMBER	21,1983 8:38 A
	3. SEX JAMES	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
¥.			MONTH DAY YE	AR	MONTHS DAYS HOURS MIN.
	Male	Black		9 24	TKS.
Н	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	BALTIMORE CITY O	OR COUNTY OF DEATH
1	New York	U.S.A.	WIDOWED DIVORCE		E CITY MD.
7	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			
5		THE JOHNS HO	PKINS HOSPIT	AT. (TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTRY
	BALTIMORE USUAL RESIDENCE (IF NURSING HOME OF				21205
	130. STATE 13b COU			MITS? 136 STREET ADDRESS	21205
2	Maryland	Baltin	nore YES X NO	□ 735 N. C	hester Street
2	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIL		LAST
0	James	Barnes	s. Srl. Syvi	11a	Barnes
4	160 WAS DECEASED EVER IN U.S. AR		,	ADDRI	
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		Pannag 735	N. Chester Street
	NO	217-68-	-2493 Syvilla	Darnes 733	
	18. CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (O) JOAIN	Veath		12 21 13
)	4310		THE OF I	. 0 .	
р	Conditions if you which	DUE TO, OR AS A CONSEQUE	a Intracpinia	1 Pressure	12/16/13
1	Conditions, if ony, which gove rise to immediate	(b) 1111 cas	01 11111111111111		110
>	couse (a), stating the underlying couse last.	DUE TO, ORIAS A CONSEQUE	ENCE OF	01/10001 100	1/2/12/33
N	and the state of t	(c) 50 P	ADIOE I JULIATOR	rengina sen	y rad 1 101
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110.
	<u>ŏ</u>				
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	AT .			YES NO NO	YES NO NO
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJU	
		- 110110 1 11 11011111 0	AY YEAR		
	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM ETC.) 21f LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	WHILE NOT WHILE AT WORK		00	F2 0	, T'1/3
	220.1 certify that (1) (this hosp	ital) patended the deceased from_	12ec 16 19	0) to see. 2	19 , that (I) (we) last
	saw the deceased alive ar	ot) view the body after death.	ond that in (my) (our)	apinion death occurred an the d	ate and hour and from the causes stated
Ŋ	27b, SIGNATUREA	of view the body offer deorn.	DEGREE	5-74-13	22c DATE SIGNED
	9. Machail	(n.001)	ATTEN!		
_	224. PHYSICIAN'S NAME (TYPE	00 0000171	22e. ADDRESS	CIAN DIRECTOR PHYSIC	IAN (A)
	C Shalb	1 - 0 1	ADDRESS	· Hon	110000
	E. 2119/11/00	0 430119	Jann	1) IFYKINS	HUSPINT
	230. BURIAL, CREMATION, REMOVAL	1 236. DATE 23c. 1	NAME OF CEMETERY OR CREM	ATORY 23d. LOCATION	W1
	BURIAL	12/28/83 B	altimore Ceme	etery Baltimo	ore, COUNTY Md. STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physician.

should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation

Hem 18 shows any

IMPORTANT: If Item 21 is marked ar

Wm C'AMMarch F/H Inc, 1101 DES North Avenue

DEC 2

executed within 24 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the haspital or attending physician.

BP

STATE OF MARYLAND

Ú	5	2	9	6	
REG NO.					

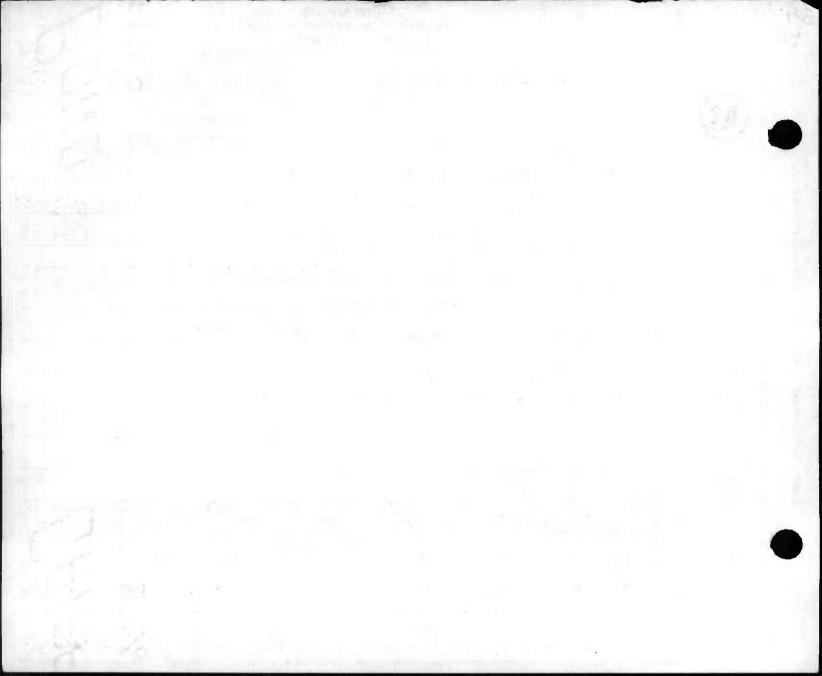
1	- STATE REGISTRAR		DEPARIA		ICATE OF DEATH	REG. N	o.	dia 1			
	DECEASED NAME FIRST		MIDDLE	l	AST	2e. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	YPE OR PRINT)	ODORE 1	R. BARRE	TT		12	19	83	10:23Pm		
3. 3	SEX	4. RACE	LC . DIMINE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR			
	MAle		Black	MONTH		54	YRS.	MONTHS DAYS	HOURS MIN.		
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY O		Y OF DEATH			
	COUNTRY)	47		MARRIE	D NEVER MARRIED	BALTIMORE					
10	Maryland CITY OR TOWN OF DEATH		.S.A.	WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR		
1		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O					
L	Baltimore		BALTIMORE		RYLAND 21218	<u> </u>					
	DUAL RESIDENCE (IF NURSING HOME COL		13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13e STREET ADDRESS					
	Maryland		Baltimo	ore	YES X NO	2422 Bar	clay	Stre	et 21218		
14.	FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME		1.	AST		
	Harry	Middle	Barret	tt	Hester	MIDDLE			ters		
160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	ADDRE	SS				
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	216-24-	-6984	Charles Ba	rrett 242	2 Ba	rclay	Street		
H		1		_	1 01101 00			APPRO	VIMATE BUTERVAL		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	Resp.	d (c).1	Luce			BETWEEN	ONSET AND DEATH		
ı	IMMEDIA	_									
	1339	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which	Conditions, if any, which gave rise to immediate (b) WaTASTATU Ademo CA of Colon									
	gave rise to immediate cause (a), stating the	DUETO	P AS A CONSEQUE	ENCE OF							
	couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Z		At unlike school - non-holding x 177ms.									
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	120b. IF YE	S, WERE FIND	INGS USED		
E C								FYING CAUSE			
1 5		3 AN YULE C	NE IN LUIS NO.		Tata Move Blumy occurs	YES NO	_	ES 🗌	NO 🗌		
4	00.00.00.00.00.0		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	27 IN ITEM 18	PART OR PART 2)			
3	(IF EITHER, NOTIFY MEDICAL EXAMIN		.М.	19							
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	101 F1C 1	211 LOCATION	CITY OR TO	WN	COUNTY	STATE		
2	WHILE NOT WHILE AT WORK	(AI HOME, SII	REET, PACTORY, OFFICE, F	ARM, ETC.)	3,442						
ı	220.1 certify that (4) (this has	oital) attended th	ne deceased from_	12/19	1983	to 12/19		183	, that XIX(we) last		
L	spw the deceased alive a above (1) (we) (did) ((ii))	12/19	198	3	nd that in 💓 (our) apinion o	death occurred on the d	ate and hou	ur and from th	e causes stated		
L	22b. SIGNATURE	X view the body	otter death.		DEGREE			22c DAT	F SIGNED		
Ĺ	C 0	1.1			ATTENDING	MEDICAL STA	FF ch				
1	peny	Wide	- up		PHYSICIAN L	DIRECTOR PHYSIC	IANIA				
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)									
	tevta 1	LAMI	s hun		3900 LOCH R	AVEN_BLVD.	BALTI	MORE, 1	MD. 21218		
23	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION					
	BURIAL	12/2	4/83 B	altin	nore Cemeter	y Baltim	ore,	COUNTY	Md .		
24	FUNERAL DIRECTOR				250. PAT	E REC'E BY REGISTRAR	256 PEGIS	TRAR'S SIGNA	ATHRE - A		
U	Im C MArch F/I	Inc	1101 F.	Norti	h Avenue	U Z I 1983	10	and	conself		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave corban popers: Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

IMPORTANT: If them 21 is morked ar Item 18 shows any injury, or other traumatic event, the medica

Wm C MArch F/H Inc. 1101^{ADDRESS} North Avenue



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

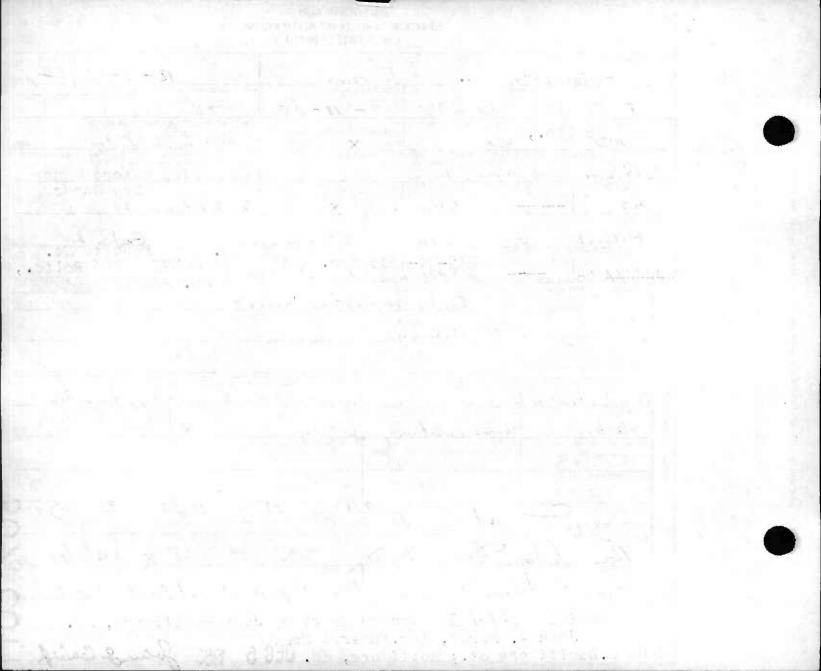
retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

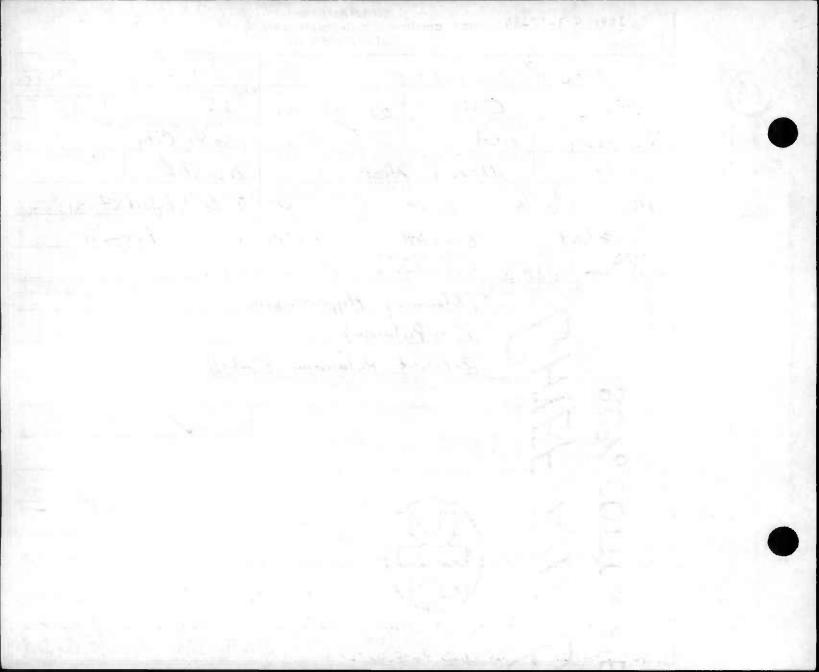
STATE OF MARYLAND

0 1.	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	0.40				
(TYP)	ECEASED NAME FIRST FOR PRINT! An toinet		Barrows	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 3 - 83 530 A				
3. SE	F Female	1. RACE White	5. DATE OF BIRTH MONTH 9-18-05		MONTHS DAYS HOURS MIN.				
6	MD Balto.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NORCED	Baltimore City or COU	C: +4 ME				
19 A	Saltinore	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET A Mercy Hain.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Home wake -	12b. KIND OF BUSINESS OF INDUSTRY Screoner				
13a. :	STATE AD 13b. COUN		YES NO [130. STREET ADDRESS 2. S. P. Topra	Dry Goods				
20	Michael	MIDDLE LAST E. Weber	15. MOTHER'S MAIDEN NA Catherine	WIDDIE	Grahywski				
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 215 09 1	RITY NO. 17 INFORMANT 30 4515 Mrs. Antoi	36 E. ADDRESS I nette Nancy	Novak Balto.				
	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and ict.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio - respiral for a vive st.								
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE							
	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF						
NOIL	Congestive heart to	: hre , ceratrovus en ly	reath but not related to the term	hrombal vish + la	eg, domantia				
CERTIFICATION	9/2 9/81	Thrombo entolin	operation was performed	YES NOX	YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO				
1 CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART ?)				
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		ottended the deceosed from	9/29, 19 33 , and that in (my) (our) opinion	deoth occurred on the date and	hour and fram the couses stated				
	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/3/13				
	22d. PHYSICIAN'S NAME (TYPE O	Takamo to	Mercy Hosp	701) t. Pay 1 11.	Bu Hirwee.				
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12/6/83 Sc	ame of CEMETERY OR CREMATORY acred Heart of	Jesus-Baltin	nore. Md.				
24 F	UNERAL DIRECTOR John		Funanal Halle BAT	E REC'D. BY REGISTRAR 25h RE	GISTRAR'S SIGNATURE				

BP. DHMH - 16 50M 4/82 (VRA 15, 4)



1		-84 phone perartment of h	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	8 5 3 2	g don't don't
	REGISTRAR CEASED NAME FIRST FRANCIS		AST	REG. NO. 20 DATE OF DEATH MONTH D 12-30-83	AY YEAR 26 HOUR 121,150
3. SE	MALE	RACE S. DATE OF OT		_5.5 YRS. **	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
6/1	IRTHPLACE (STATE OR FOREIGN TO COUNTRY) LEW CSC ITY OR TOWN OF DEATH	D. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOWE WIDOWE	D DIVORCED	9. BALTIMORE CITY OR COUNTY OF CITY OF	M
1	Balto	(IF NOT IN SOCH FACILITY, GIVE STREET ADDRESS) ELC TOTAL THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	2	TYPE OF WORK FOR MOST OF FJORKING LIFE	
130.	Mb Bal	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAM	13. 9 TREET BODRESS Kylark	ct 21234
18 50	120 Sert	Bart lett	Flores	nce MIDDLE Fre	ancis
16a.	WAS DECEASED EVER IN U.S. ARM	WAR OR DAJES)	FAMILY	RECORDS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
To buro, cremotion, or ren injury, or other troumotic ev ON	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF COLOR (c) RECEIPED	Pulmonay E	Imboli	
ony injury.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI		
B stors ony injur	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
lcAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
morked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2. 2	22a. I certify that (1) (this hespite saw the deceased alive on above, (1) (we) (did) (did not)	12-30 19 830	nd that in (my) (aux) opinion o	to 12-30, 1 leath occurred on the date and hour	ond from the couses stated
with the State Dept. of MPORTANT, if them 21	276. SIGNATURE Marien (Karolevilii II	7 THISICIAN IL	MEDICAL STAFF DIRECTOR PHYSICIAN	12-30-83
MPORTAN	M. (. KOW	ALEUSKI MD	8604 H	inford tol	
230.	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF C	EMETERY OR CREMATORY	123d. LOCATION CITY OR TOWN BALT, MORS	COUNTY MARYLAND
1/82 24. F	UNERAL DIRECTOR	MEMORISS HARFORD	ROAD 250 DAT	REC'D. BY REGISTRAR 25b. RECISTRANCE IN 5 1984	RAR'S SIGNATURE



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	PHYSICIAN:	tending physic

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remave carbonopapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or litem 18 shows any injury, another traumatic event, the medical examiner must be notified at ance.

25 and the notified of once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND **CERTIFICATE OF DEATH**

FOR STATE REGISTRAR		DEPARTA		EALTH AND M			G. NO.	2 1	य ५	
DECEASED NAME FIRST		MIDDLE	Bisk	erville	2	20. DATE OF DEAT		DAY YEAR	26 HOUR	4 1
3. SEX	4 RACE		5. DATE			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER A YEAR		_
Male	Black	<	MONT.	10	20	63	YR		S HOURS M	AIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	ADDIED [9 BALTIMORE CI			L V	
North Caroli	na U.S		WIDOW		DRCED K	Balt	o. Cit	-v		MC
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTI	NOITUT	120 USUAL OCCU	PATION	12b. KIND	OF BUSINESS	
Balto.		ran Hosp.	ADDRESSI			Teacher	OST OF WORKIN		ation	
JSUAL RESIDENCE (IF NURSING HOME 30. STATE 13b. CC		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Balto.		136 INSIDE CIT	Y LIMITS?	13e STREET ADDRI		Chelsea	212	
FATHER'S NAME				15. MOTHER'S			2101	Chersea	Terrac	<u>e</u>
Robert Floy	MIDDLE B:	a k ervill	0	Mary	RST	MIDE		Herndon	AST	
MAS DECEASED EVER IN U.S.		16b. SOCIAL SECU		17 INFORMAN	FT	A	DDRESS	535 N.	Cararr	2+
Yes, no or unknown) (IF YES.	GIVE WAR OR DATES)	219-01-	0114	Dr M	T TTT	Brooks	D-14-	., Md.) L
PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, O DUE TO, O DUE TO, O (c) T CONDITIONS CO	R AS A CONSEQUE Prun R AS A CONSEQUE	NCE OF	NOT RELATED I	AT 10		20b. IF IN CER	GIVEN IN PART YES, WERE FING RTIFYING CAUSI YES	INGS USED	
		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJ	JRY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM	IB PART OR PART 2		
(IF EITHER NOTIFY MEDICAL EXAMI	DENTIL		19						190	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME: STI	OF INJURY REET, FACTORY OFFICE, FA		211 LOCATION	4	CITY	OR TOWN	COUNTY	STATE	
27a.1 certify that all (this has sow the deceased alive above. If (we) (did) (did)	on 10/16/8	3 19	. a	DEGREE		death accurred on t		hour and from th	, that TIL (we) le couses stated E SIGNED	
PHYSICIAN'S NAME (TY	PE OR PRINT)	Perms	144	22e ADDRESS	TENDING TYSICIAN	DIRECTOR PH	STAFF YSICIAN [_
EDWARD LA		EPER	LAME OF			AZON S.	7. h	BACT.	no)21:	2,
ISPECIFY) Removal	10/18		YAME OF	EMETERY OR CE	EMATORY	CITY OR TOW	/N	COUNTY	STATE	:
FUNERAL DIRECTOR	10/18	0/03			25a DATI	E REC'D. BY REGIST	PAR 250 FC	ISTPAP'S ALCO	TIME .	_
Anatomy	Doord	ADDRESS	Balto	Мđ	OCT	2 5 1983	1	ISTRAR'S IGN	Muly	

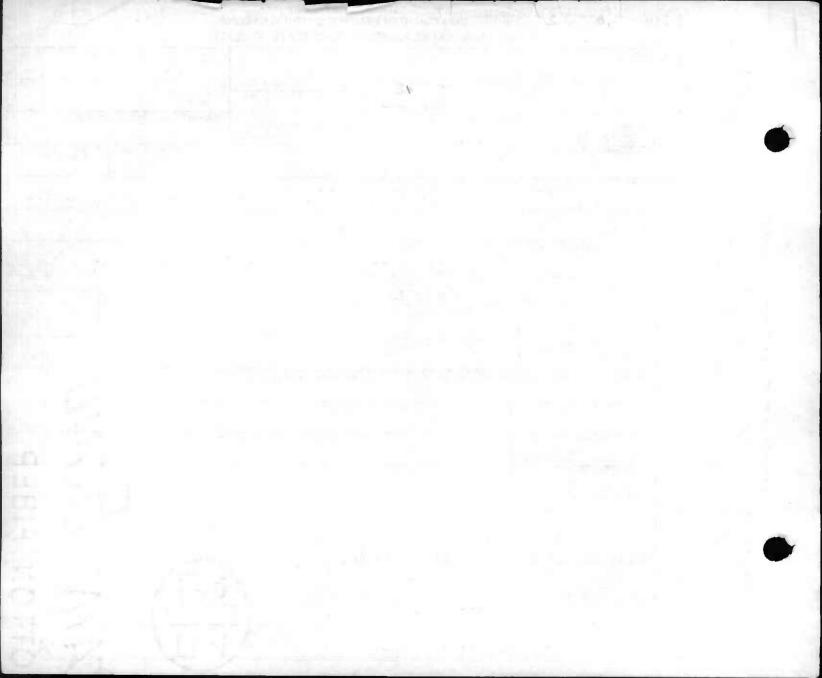
Balto., Md.

DHMH - 16 50M 1/BI (VRA 15, 4)

Anatomy Board

BP.

the section of the section of U.W. T. N Dalto City SET Carolina U.S. rate. Sutheran long. makinahia zanonii YYY 2101 Cholean Terroco 30105 Robert Floyd Lagrandia Harv Harv Eds U. Carey St. You Mill 219-01-9114 Dr. Mary M. Proces Silto., Md. 21223-The same of the sa ALL DE DE ASTON Analysis Board Balto., Md.



in by the funeral director, page 3 to filed within 72 hours after death

executed within 24 hours after death. Page 4 may be

STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	Green .	- 1	 9

CERTIFICATE OF BEATH

	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	21 83 20 17.
	_			TFIELD	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
,	3. SE	×	BLACK	S. DATE OF BIRTH	AGE (INTERNSTASSIBIRITADAY)	MONTHS DAYS HOURS MIN.
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		TY OF DEATH MD.
Miled		HT. MD	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
must be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	EADMISSION) VN 13d, INSIDE CITY LIMIT: YES NO	s? 13. SIREFT ADDRESS 6728 Townbre	21207 ook Dr.Apt. C
No.	14. FA	THER'S NAME RUSSELL	MIDDLE Princes	IS MOTHER'S MAIDEN FIRST LABER	NAME	PRINCE
medicol	(WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECULAR WAR OR DATES) 257-5	-1 -	Bastfield 6728	Apt. C Townbrook Dr
injury, or other troumatic e		Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUI	ENCE OF	terminal disease or condition c	SIVEN IN PART 110
nlui kuo smo	ERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	INCER	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
18 sh	O	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH D.	PAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART OR PART 2}
is morked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT YORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	1.1	CITY OR TOWN	COUNTY STATE
if hem 21			oital) ottended the deceased fram n 19 at view the bady after death.			aur and from the causes stated 22c. DATE SIGNED
MPORTANT		THE PHYS CIAN'S NAME (TYPE	ORPRINT) ROD COT MCM	WLLA) 220. ADDRESS	V Hosp.	
3	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATO	_ CITY ON OWN _	COUNTY MA

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

24 FUNERAL DIRECTOR

F/H, Incappress
North

AVE.

DEC 23 1983 John & Caniel

CHO MIN HOUSE. TO AG RUSSELLY LAGITIMA PRINCE 257545B12 --- 4182454F2 TTABE GIALE tergol + June Mr. Millery

FOR

STATE OF MARYLAND DEP

ARTMENT OF HEALTH	AND MENTAL	HYGIENE	U
CERTIFICATE			

"	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME	FIRST	,	MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOL	UR
TYPE	OR PRINT)	THOMAS		F.	BAU	BLITZ		12	27 83	7:6	DOAM
3. SE	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RIHDAY)	IF UNDER I YEA	_	
8	Male		T.	Mhite	11/	10/1901 YEAR	82	YRS	MONTHS DAY	SHOURS	MIN.
	RTHPLACE ISTATE OR	FOREIGN 71		WHAT COUNTR'	Y2 8		9 BALTIMORE CITY				
	Moser Lond		US	. A	WIDOWE	D Never Married D	BALTIMOR	E CI	TY		MD
10 CI	Mary Land	ATH 1		76.6		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND	OF BUSIN	
1	BALTIMORE			NION MEI		HOSPITAL	Finance	OF WORKING	Rail		
13e S	AL RESIDENCE IF NURS	13b. COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TO Baltim	NWO	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 2140 Drui		ODE		11
14. F	THER'S NAME	44	DDIE	1AST	911	15. MOTHER'S MAIDEN NA				AST	
	Clinto			thai		Elsie	Finney			A.31	
	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		221	57
	VES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR OATES)	705 10	5080	Diane Ferguso	n 5412 Nult	ing	Dr. Spr		
	IE CAUSE OF DEAT	H (Enter only	one couse per							DXIMATE INTE	
	PART I. DEATH W	VAS CAUSED IMMEDIATE	BY.	0 1	opulmono	ory airest					1
	111110	IMMEDIATE			,						
	Conditions, if any	which	DUE 10, O	R AS A CONSEC		ischemic heart	ALLEASE				
	gove rise to immediate										
	couse (o), stating the underlying couse last (c) A the ty S Closs 15										
	DART 2 OTHER SIG	NIEIC ANT CO	NIDITIONS CO			NOT RELATED TO THE TERM	AIN AL DISEASE OF COL	MOITION	GIVEN IN PART	lini	
Z	AKI 2 OTTEK SIO	A L	A STATE OF THE STA	/04	Gordue	heart failure	· Tachi-bras				
ATIC	19a DATE OF OPERA	TION	1% COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20g AUTOPSY?		YES, WERE FINE		D
CERTIFICATION							YES NON	IN CER	RTIFYING CAUS	ES OF DEA	_
ERT	21a, ACCIDENT WAS UN	DERLYING	21b. TIME O	F IN JURY		21c. HOW INJURY OCCUR		URY IN ITEM			
	OR CONTRIBUTING		110110 1		DAY YEAR		TED TENTENTIAL OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ş.	(IF EITHER, NOTIFY MED		P.		19	21f. LOCATION					
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC]	STREET	CITY OF T	NWC	COUNTY		STATE
-	WHIE NOTWHIE ATWORK										
	27m certify that (I)	(this haspita	I) ottended th	e deceased from	0/3	mber + 1983	, to			_, thot (l) (,
	saw the deceased alive an December 26 19 83, and that in (mor) opinion death occurred on the date and hour and from the causes st above. (1)(Mid) (did not) view the body after death.										
	22h SIGNATURE	22b SIGNATURE DEGREE							22c DA	TE SIGNED	1
	Navio	em.	Morrise	m		ATTENDING PHYSICIAN [MEDICAL STA	CIAN	12	1271	43
	224 PHYSICIAN'S N	AME ITYPE OR	PRINT)			22e ADDRESS					
	Dovid	M.	Youse	My		UNION M	emorial H	OSP	Ita/		
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23		EMETERY OR CREMATORY	234 LOCATION	-			
	Bürial		12/29,	/83	ruid R	idge Cemetery	Pikesvill	le, P	Balto" C	o. Md	STATE

TO FUNERAL DIRECTOR:

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

MPORTANT: If Item 21 is marked or Item

24 FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road, 21211

Pikesville, Balto. Co. Md Druid Ridge Cemetery

100 F 17 TG 21 F 1200 the party of the second of MACA LONG DIAG TAN THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	-	FOR		DEPART	MENT OF H	EALTH AND MENTAL	HYGIENE	0	600			
	1 -	STATE REGISTRAR		DEI ANT		ICATE OF DEATH						
								REG. NO.	DAY	YEAR	A	
Ш		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20.0	DATE OF DEATH MONTH	22	83	25 HOU	50E
		BRTAN	M		BAU	JER		12	22	03	0.	20%
	3. SEX		4 RACE		5. DATE C			GE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	
		ΛΛ	N		MONTH	8/3-183	`	YR	4	DAYS	HOURS	MIN.
	7s. BIE	RTHPLACE (STATE OF FOREIGN	7h CITIZEN OF	WHAT COUNTRY	? 8.	1	9 BA	LTIMORE CITY OR COUN		ATH		
3	C	OUNTRY)		5 17	MARRIE	D NEVER MARRIED	1	BALTIMORE (
1	iii cr	/4/D,		, ,	WIDOWE	D DIVORCED) L			VIND O	F BUSINE	MD
1	V	TY OR TOWN OF DEATH		OHNS H			Lawre	USUAL OCCUPATION FOR WORK FOR MOST OF WORKIN	GLIFE) INC	USTRY	F BUSINE	55 OK
2	BA	LTIMORE	THE J	OHNS HO	DEKTM!	5 HUSPITA		NONE				
1			ROTHER INSTITUTION	GIVE RESIDENCE BEFO		134 INSIDE CITY LIMIT	rea lu. e	TREET ADDRESS / ZIP CO	nne.	2/2	36	
b		MO BA	20	ROSEDA		YES NO		1515 AMBI		511	-	20
ď,	-	THER'S NAME	-/-	11/002011	Annual St.	15 MOTHER'S MAIDE		313 11110	11/1/2			U
g	1	FIRST	MIDDLE	LAST		FIRST	~	MIODIE	4	LAS		
d		. DRIAN		BAUEI		14/19	E,	STE VE	N SOI	w		
9		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT						
6		1 110		NONE		PAREN	75	AL	BOUL	5		
	1	18 CAUSE OF DEATH (Enter	anly ane cause per	line far (o), (b), a	nd (c).)					APPROXI	MATE INTER	VAL
		18. CAUSE OF DEATH iEnter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: SIGNED OF IMMEDIATE CAUSE (a) Cardio pul wonary arrest										
		0001	DUE TO, O	R AS A CONSEOL						15	31 -	
		Conditions, if any, which gave rise to immediate	(b)_	ischer	N15				_	1	MI	3
		couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								3/1.		
		underlying cause last.	(c)	Sensis		Day Shire and				26	shr	5
		PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CONDITION	GIVEN IN	PART In	r.	
	N O	bou	le hece	rosis								
1	CERTIFICATION	190 DATE OF OPERATION	- 11		H OPERATIO	N WAS PERFORMED	20		YES, WER			
	윤	12/21/93	bon	vel obst	ructis	h isepsis		A = /	RTIFYING	CAUSES	OF DEAT	
-	E E	21a ACCIDENT WAS UNDERLYING	216, TIME C				CCURRED /	ENTER NATURE OF INJURY IN ITEM	YES 🗍		NO L	
1	100	OR CONTRIBUTING CAUSE OF	LICID A	M. MONTH	DAY YEAR	ZIL HOW HOJORT OF	CCORRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OF	PART 2)		
	WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		M.	19							
	9	21d. INJURY OCCURRED	21e. PLACE		CARL ETC.)	211 LOCATION		CITY OR TOWN	cc	UNTY	SI	TATE
	Σ	WHILE NOT WHILE AT WORK	TAT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC. J	JINEE						
		220.1 certify that HT (this ha	nital attended th	e deceased from	12-2	108	13	12-22	10 0	3	that (I) (v	we) lbst
		saw the deceased alive	-17-77		CIP	nd that in (my) (our) op	union death	occurred an the date and	navi and f	ram the		
		abave, (1) (we) (did) (did	not) view the body	after death.		DEGREE					SIGNED	
		226. SIGN	1.	NI		ATTENDI	NG ME	DICAL STAFF \	- "			
-		12 X	now	"		PHYSICI		ECTOR PHYSICIAN	V.	2 - 2	12-	8.3
	1	274 PHYSICIANS NAME LIVE	4			22e ADDRESS						
		Markiel -	dekson	140		Wohne Mr	nking	Hospital				
	23a B	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMAT	ORY 123	IL LOCATION				
	1	SPECHY) BURIAL	12/24			FAL PE GO		CITY OR TOWN	COUN	1/>	51	TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

7 G C CONNELLY

300 MACE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SALE MANAGEMENT OF THE STATE OF THE SALE O

	FOR STATE REGISTRAR
1	KLOSIKAK

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG

RTIFICATE OF DEATH	REG. NO.		
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
BAYLESS	12-1	16-83	8 P
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
12 7 1889	96 94 yrs	MONTHS DAYS	HOURS MIN.

Homemaker

Female White 12 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE I STATE OR FOREIGN Maryland MARRIED NEVER MARRIED U.S.A.

WIDOWEKINIX DIVORCED [

BALTIMORE CITY 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

BALTIMORE CITY OR COUNTY OF DEATH

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL BALTIMORE

MIDDLE

13b COUNTY

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

YEXX

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 4106 Roland Ave 21211 MIDDLE

Maryland 14 FATHER'S NAME

13a STATE

CERTIFICATION

prior

Mentol Hygiene

morked or Item

MPORTANT:

I. DECEASED NAME (TYPE OR PRINT)

BERTHA

TIMANUS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO. 212-01-1468

13c. CITY OR TOWN

Baltimore

17 INFORMANT Mrs. D. Gunn 110 Armagh Dr. 21212

ADDRESS

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) gove rise to immediate couse (o), stoting the underlying couse

souatory

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH?

20a AUTOPSY?

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDIC AL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.)

12-19-83

216. TIME OF INJURY

and that in (my

211 LOCATION

(our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

APPROXIMATE INTERVAL

nun

this haspital) attended the deceased from tid not) view the body ofter death

NOT WHILE

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN D

KENNETH

21a. ACCIDENT WAS UNDERLYING

22e ADDRESS

UNION MEMORIAL HOSPITAL COTGNET MD 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

Harmony Deer Park

Burial 24 FUNERAL DIRECTOR

Churchyille Harford 250. DATE REC'D. BY REGISTRAT 256, REGISTAR

(VRA 15, 4)

DHMH - 16 50M 4/83

Mitchell-Wiedefeld Home 6500 York Road 2120 2

ISTA one brade 2050

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME FIRST Annie lizabeth STYPE OF PRINTA 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX White Female 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN MARRIED X NEVER MARRIED Baltimore (itu WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN OF DEATH (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION In STATE 13b. COUNTY 13d INSIDE CITY LIMITS? Baltimore Saint Paul Maryland YES X NO | 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Fort Florence Annie 17. INFORMANT 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OF PINKNOWN) William W. Fort Rt. 1 Box 397 Ruckersville No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to PRESTON DUE TO, OR AS A CONSEQUENCE OF 11,40Vy Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o DIVISION OF VITAL RECORDS. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF CENT 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 4.5, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did not view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

72e ADDRESS

23r. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

harles S. Zeiler & Son Inc. 6224 Eastern Ave.

23b DATE

27d PHYSICIAN'S NAME ITYPE OF PRINT

230. BURIAL CREMATION, REMOVAL

Burial

(emetery astwood.

23d LOCATION

YES

COUNTY

22c. DATE SIGNED

DAY

IF UNDER 1 YEAR

INDUSTRY Housework

Street

Runer

26 HOUR

17h KIND OF BUSINESS OR

NO F

STATE

IF UNDER 24 HRS

11 2 15 11 53. 3 33 State in the state of the state Total --- Baltimanes e Colorest Paul Mates the wast muit there were We will be the total of the second of the se menucod established I slee . Letters ? you fac, the greats we.

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4	-	FOR
ı	1 -	STATE
ı		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EIVE -						
	REG. N					
20 DATE OF	DEATH	MONTH	DAY	YEAR	25. H	
		12.	- 21	-83	12	45 A
6. AGE (IN YE	ARS LAST BIR	THDAY)		NDER I YEAR		DER 24 HRS
71		YRS	MON	DAYS	HOUR	5 MIN.
9. BALTIMOR	E CITY C	R COUN	TY OF	DEATH		
BAL	To.	CI	TY	1		ME
COMPO	PE	odno hac	GLIFE) 1	26. KIND NDUSTRY	,	INESS OF
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13e.STREET A					212	ia u
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E&-	urys	5478 m	S	Ju-	The XIMATE IN TONSET A	therval ind Death has.
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	OR CON	DITION (GIVEN YES, W TIFY IN YES	APPRO BETWEEN IN PART I ERE FIND G CAUSE	WMATE IN A ONSET A ONS	or all of the state of the stat
NAL DISEASE 200 AUTOI YES	OR CON	20b. IF Y	GIVEN YES, W TIFY IN YES	APPRO BETWEEN IN PART I ERE FIND G CAUSE	WMATE IN A ONSET A ONS	or all of the state of the stat
ZOR AUTOR YES ED (ENTER NATIO	OR CON	20b. IF Y	GIVEN I	IN PART I	Whate in a conset of the conse	hers. hers. seed dev

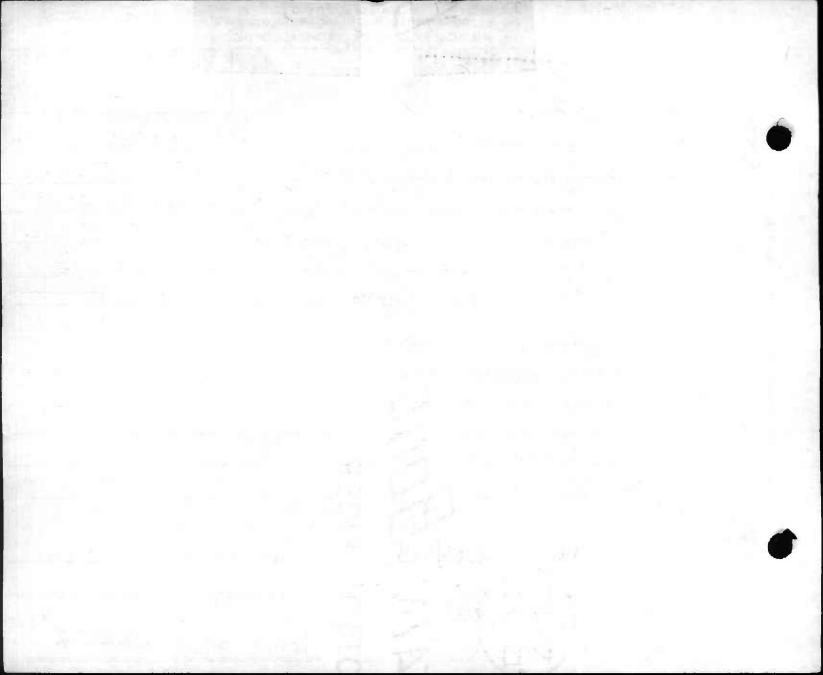
	REGISTRAR		CEKIII	CATE OF DEATH	REG. NO	D		
	CEASED NAME FIRST FRANK	LIN M		EALL	20 DATE OF DEATH	12 - 21	-83	26. HOUR 245 A
3. SE)		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	MALE	WHITE	MONTH //O	- 3 - /2	71	YRS.	INS DAYS	HOURS MIN.
a. BI	RTHPLACE (STATE OR FOREIGN Wash.	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	1, c	4,5,A	WIDOWE	DIVORCED [BALTO.		/	MI
-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE) Union Memor	ET ADDRESS)	dospital	GOMPTONO LO	ON CHEEN TO LIFE	12h KIND OF INDUSTRY FAIRS	HILD
l la S	M D 13b COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFORM Ball tim		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	212 NS	WAY
I4 FA	THER'S NAME John	MIDDLE LAST PRINKLEN BEAL	_	15. MOTHER'S MAIDEN NAM	ER MIDDLE		MEL	VIN
	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	CURITY NO.	17. INFORMANT 23.5) eury 18.55 Anno	T RU ADDRE		Balto f Al	, Md.
	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), one DBY. TE CAUSE (a) Rup his		urtic Abdomin	al Aneury	m	APPROXIM. BETWEEN ON	HET AND DEATH
	4413 Conditions, if ony, which	DUE TO, OR AS A CONSEO	UENCE OF					thrs.
	gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF		10 h=		just	t proof
NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0							
CERTIFICATION	190 DATE OF OPERATION 12/20/83	mina/	Artic Anewyom	20a AUTOPSY? YES □ NOM	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C		
-	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PART I	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM ETC)	211. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
	22a I certify that (1) (this hasp	ital) ottended the deceased from		19_198	3, to 12 ~ 2	/ 19_	93.1	hat (I) (we) la
	saw the deceased alive as abave, (1) (we (did) (did no	2 2/ 19. ap view the bady after death.		nd that in (my) (aur) apinian o	death occurred an the de	ate and havr an		
	276. SIGNATURE Chry	trois C- Mor		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	IAN X	276 DATE S	1-21-8
	22d. PHYSICIAN'S NAME (TYPE)			22e ADDRESS UMH		5		
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY E/	STATE
24 51	Rurial				retery-Ba			
5	NAME Steri	ling Funeraless. Ave. Catons	Estat	e, P. A.	0 0 4000	7	0 P	3 8
	Jo Ediloriusor	thoe catons	01110	"HU ETCHILO	9 9 1983	and the same	The Cole	ula

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

Principality through This server strike Est constant "distribution of the second of THE THE THE STATE OF THE STATE MELVINE ASTER MELVINE THE RELEASE TO THE PERSON OF T And the second of the second o

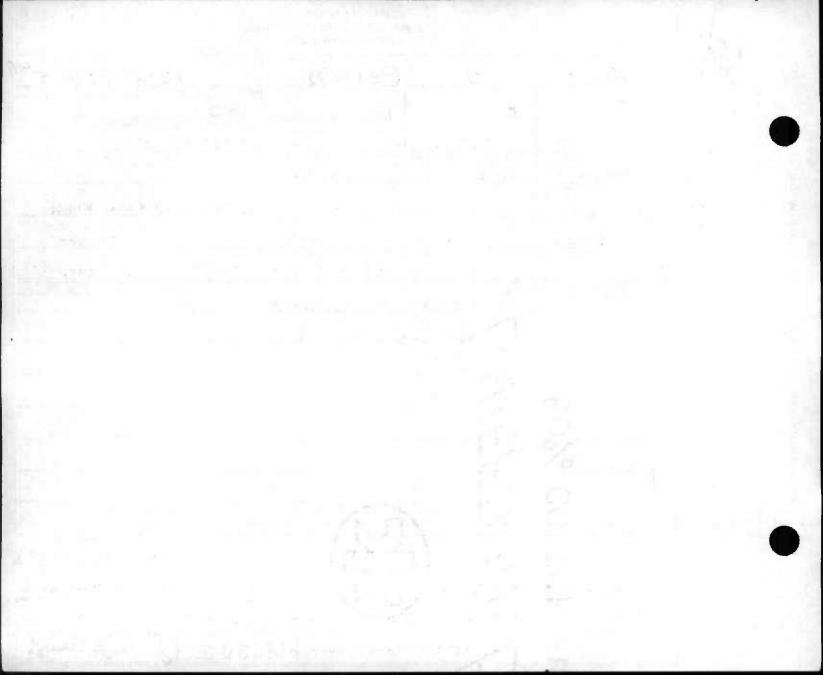


STATE OF MARYLAND

1	1-	STATE REGISTRAR		DEPARIM		CATE OF DEATH	DIENE	REG. NO).		
1		CEASED NAME FIRST	G	}	(Be	S BEASLEY	20. DATE OF	1	2 - 29-	83	10:15 AM
1	3. SE)		4. RACE		5. DATE O	F BIRTH DAY YEAR O 3	6. AGE (IN YE		YRS.		IF UNDER 24 HRS HOURS MIN.
1	N	RTHPLACE (STATE OR FOREIGN COUNTRY) . Carolina		S.A.	WIDOWE		Balt	imor	e City	7	MD.
5	6	Saltmore.	GOOD	Some	ADDRESS)	ROTHER INSTITUTION	128. USUAL C (TYPE OF WORK			NDUSTRY	
35	13a. S		OR OTHER INSTITUTION, GI	36. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌			och Kon		21239
300		Henison	MIDDLE	Tucket		15. MOTHER'S MAIDEN NA FIRST Harriet	AME	WIDDLE		Tucl	
	()	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	66 SOCIAL SECU 219-66		Lucille B	easley	500			ven Blvd
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR		ence of	NOT RELATED TO THE TERM					
9	Dialete Coll 190 DATE OF OPERATION 196 COND 210. ACCIDENT WAS UNDERLYING 216. TIME O			ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY?		WERE FINDINGS USED YING CAUSES OF DEATH?	
9	CALLER OF DEATH TOUR A.M. MOI				AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJUR	TY IN ITEM 18 PART }	OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE O	F INJURY T. FACTORY OFFICE, I		21f. LOCATION STREET		CITY OR TO		COUNTY	STATE
1		22a. I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did a 22b. SIGNATURE	12-20	19.9	\$ 4.01	nd that in (my) (our) opinion DEGREE				d from the	, that (I) (we) lost e couses stated E SIGNED
P		Joseph B. O			*		MEDICAL DIRECTOR	STAF		12/	129/83
		JUSEPH 6	ORPRINT)			220. ADDRESS Good Som Ho			Loch Kan	son Bla	Hoo, bolh
		BURIAL, CREMATION, REMOVA	1/3/8	4 A	name of c rbutu	emetery or crematory is Memorial	Pk. CITA	TION TOUT	us	YTMUC	Md'E.
	24. F	UNERAL DIRECTOR				25a. DA	TE REC'D. BY R	GISTRAR	256 RESISTRAR	SSIGNA	TARE .

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

Wm "C" March F/H Inc, 110 Tores North Avenue DEC 30



executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

1	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENEÖ V	3 2 1	3 3			
	ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR			
1,	Lula	May	BE	CK	Decem	ber 10, 198				
3. 58	EX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE				
FFE	MALE	WHITE	12	2/16/1897	85	YRS.				
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH				
MZ	ARYLAND	U.S.A.	WIDOWE		Baltimore	City	MD.			
10. 0	eltimore	11. NAME OF HOSPITAL, NU (1F NOT IN SUCH FACILITY, GIVE ST Maryland Gen	TREET ADDRESS)		124 USUAL OCCUPATI					
130.	JAL RESIDENCE (IF NURSING HOME O STATE 13b COU ARYTAND		IOWN	134 INSIDE CITY LIMITS?		BERT AVENUE	21215			
14. F	ATHER'S NAME FIRST UNKNOWN	MIDDLE LAST PARK	ŒR	15. MOTHER'S MAIDEN NAA	UNKNOWN		LAST			
		RMED FORCES? 166 SOCIAL S IVE WAR OR DATES) 216.07	7.4673	17 INFORMANT KAREN L. STAF		ED PUMP ROLLAR, MARYLA				
MION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV. Dehydration 199 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 BY YES						T Ito			
CERTIFICATION	19a DATE OF OPERATION	174 CONDITION TOR WI	DITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?			
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)			
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211. LOCATION STREET	CITY OR TO		STATE			
	220.1 certify that \$\mathbb{X}\$ (this hospital) attended the deceased from becember 9, 19, 83, to becember 10, 19, 83, that (i) (we) lost sow the deceased alive an becember 10, 19, 33, and that in (we) (our) apinion death occurred on the date and hour and from the couses stated obove, \$\mathbb{X}\$ (we) (did) (\mathbb{X} \mathbb{X} \mathbb{X} \mathbb{V} \times \mathbb{V} \times \mathbb{V} \times \mathbb{V} \mathbb{V} \times \mathbb{V} \mathbb{V} \mathbb{V} \times \mathbb{V} \mathb									
	KEITH	I. Admus	W.D.	c/o Marylane		ospital				
23a.	BURIAL, CREMATION, REMOVA		23¢ NAME OF	CEMETERY OR CREMATORY	236. LOCATION	COUNTY	STATE			
	REMATION	12/12/1983	GREEN M	OUNT CREMATORY			MARYTAND			
24	FUNERAL DIRECTOR	ADDR	ESS	2 nFi	REC'D BY REGISTRAR	25 GISTRAR'S SIGN	NATURE			
W	ALTER BROOKS BE	ADTEY THE DIN	DATK M	D. 21222	1 0 1000	John John	LOSULLE			

DHMH - 16 50M 4/82

WALTER BROOKS BRADLEY, INC. DUNDALK, MD.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burtal-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the haspital or attending physician.

(VRA 15, 4)

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MEDICAL

FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 5 6
EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Alfred	A.	Benick, Sr.	December 15,	1983 5:10p,
	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	Apr. 30, 1920	63 YRS.	ACKING DAIS HOURS MIN.
THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	A	9 BALTIMORE CITY OR COUNTY	OF DEATH
Penna.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (it	Y MI
Y OR TOWN OF DEATH Ltimore	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUPPRECIATY, GIVE STREET 1512 (Upress 5	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Undnance Depot	126. KIND OF BUSINESS OR
L RESIDENCE (IF NURSING HOME OF TATE 13b, COU	or other institution, give residence before ISC. CITY OR TOW Baltimore	N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1512 (upress S	treet, 21226
THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
Adam	Edward Berick	Victoria	Helen K	olodjewski
AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
Yes W	2 202 10 4	4724 Anna Kocio	lek Same as #1	3
PART I. DEATH WAS CAUS	inly ane cause per line (Qa), (b), and ED BY:	ratory failure -	- Acufe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4960	DUE TO, OR AS A SONSEQUE	NCE OF LU 1	OD V.	10000m
Conditions, if any, which	((b) (M	me vorted my	Jun Dio	10 1000
gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	1	0
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110

DUE TO. Conditions, if any, which (b)_ gove rise to immediate cause (a), stating the DUE TO, underlying couse lost. (c). PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

FOR - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINTS

7a. BIRTHPLACE

COUNTRY)

Manuland 4 FATHER'S NAME

(YES, NO OR UNKNOWN) es

10. CITY OR TOWN OF DEATH Baltimore

3. SEX

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE 130. STATE 13b. COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES

P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

COUNTY CITY OR TOWN

saw the decurred alive 17% SIGNATURY

230 BURIAL, CREMATION, REMOVAL

DEGREE

ATTENDING

and that in (my) (our) apinion death occurred on the date and hour and from the couses stated

_, that (I) (we) lost

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT

23b. DATE

22a.1 certify that (1) (this haspital) attended the deceased from

22e ADDRESS

STAFF DIRECTOR PHYSICIAN

S R. Gehlert

23c NAME OF CEMETERY OR CREMATORY

MEDICAL

0 BP

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial

(SPECIFY)

Mc ully Funeral Homes

Baltimore, Md., 21225 Batapsco Ave.,

edan Hill (emetery

Baltimore, A. A. co.

23d LOCATION

Tecester 15, 1883 7:10	ening to		- 1	A
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leten linker meri	" Victoria	0.10	Amulo	
ek Sane away)	100 to 12 V	312 10 49.26	2 101	
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1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	EASED NAME FIRST	MID	DIE	0	AST 1 1	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	tany	il		_ D	ennett		12 4	83	8:50A	
3 SEX		Blace	k	5. DATE O		6. AGE [IN YEARS LAST BIF	THDAY) IF L	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	THPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WE	AT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	ME COUNTY OF	DEATH	M	
B	YOR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OF	
iJn. ST	nd.		RESIDENCE BEFORE		134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N		ZIP CODE	A	e 212	
14. FATHER'S NAME FIRST MIDDLE			LAST		FIRST	MIDDLE		LAS	1	
	AS DECEASED EVER IN U.S. A (IF YES, C	ARMED FORCES? GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO.		Bernice Simmons 343			inica	Ave.		
	Conditions, if ony, which gove rise to immediate couse (a), stafting the underlying couse lost.	(b)	or as a consequence of de hydration or as a consequence of mainutrition							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
CERTIFICATION	9a DATE OF OPERATION	1%. CONDITK	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING C. YES YES YES			FINDINGS USED CAUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	DRY IN ITEM T8 PART	T OR PART 2)		
A.	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY I, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE	
	22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did	on	19_		nd that in (my) (our) opinion		ote and hour a		that (I) (we) located	
	obove, (I) (we) (did) (did port view the body offer death. 27b. SIGNATURE				DEGREE	MEDICAL STA	FF	22c DATE	SIGNIPO	
1 1	The state of the	1 ores	MO		PHYSICIAN			121	4187	

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

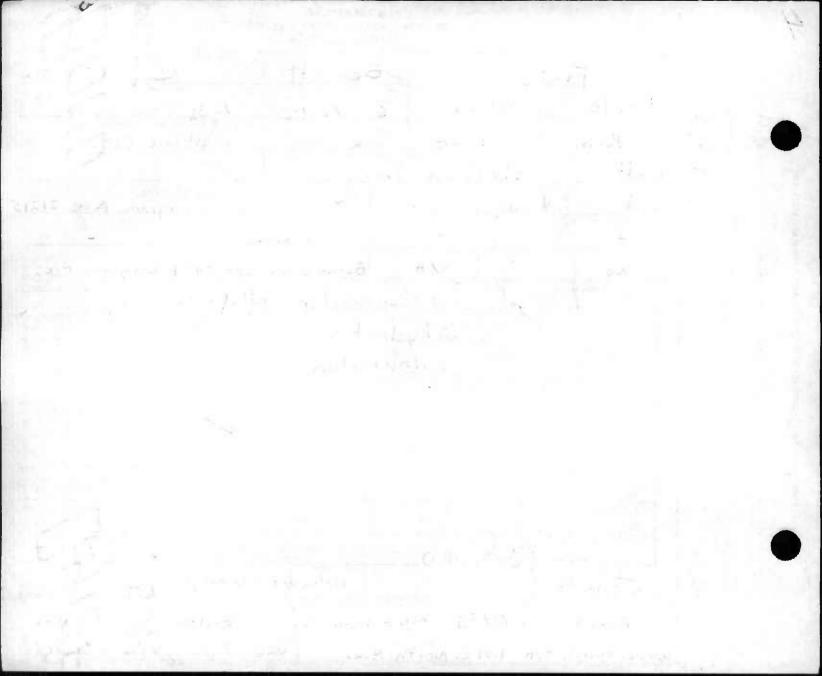
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove carbonpopers-Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

230. BURIAL, CREMATION, REMOVAL (SPECKY) 23b. DATE 12/9/83 23c. NAME OF CEMETERY OR CREMATORY

MO

R CREMATORY 23d LOCATION COUNTY COUNT

24 FUNERAL DIRECTOR
NAME
WHA. C. MARCH F/H 1101 E. North



erol director, page 3 v 72 hours ofter death

deoth. Page 4 may be

offer

FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE S	10.	2.	3 0
I. DECEASED NAME EIRST	WIDDLE		AST	2a DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
WILLI		BENN	VETT		12/21	/83	6:15PA
MALE	BLACK	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 58		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
SOUTH CAR	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY						
BALTIMORE	OR OTHER INSTITUTION HOSPITAL	N 12a USUAL OCCUPATION 12b. KIND OF BUSINESS					
TSUAL RESIDENCE (IE NURSING HOME OF 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N	13d UNSIDE CITY LIMITS?	133711 ADDRASS	RT CRE	2.	1207
FREDDIE	BENNETT		VELVENIA	WIDDIE	N	ELSON	ŧ
(YES, NO OR UNKNOWN) (IF YES, G	rmed forces? 166. Social Sective war or dates) 250–30–	8107	BARBARA W.	BENNETT	3311	LAURI	RD.
PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), or ED BY: ATE CAUSE (a)	lia c	asrest			BETWEEN (MATE INTERVAL ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	140	Jemia				
PART 2. OTHER SIGNIFICANT Sops	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVI	EN IN PART III	o'
¥ Java				Tax	Van 15 1156	V4655 50 15 1	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M THE EITHER NOTIFY MEDICAL EXAMINER 19 21e. PLACE OF INJURY 211. LOCATION

21d. INJURY OCCURRED CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from

WOODLAWN

sow the deceased alive on 12/2/ above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED

22e ADDRESS

22d. PHYSICIAN'S NAME

23a BURIAL, CREMATION, REMOVAL

BURIAL

236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY CEM.

ATTENDING

PHYSICIAN

BALTO COUNTY 25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF

LIBERTY HGTS. AVE.

DEC

MEDICAL

DIRECTOR PHYSICIAN

STATE

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

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should be detached for use as the burial-transit permit. Then privit the State Dept. of Health and Mental Hygiene prior to bur

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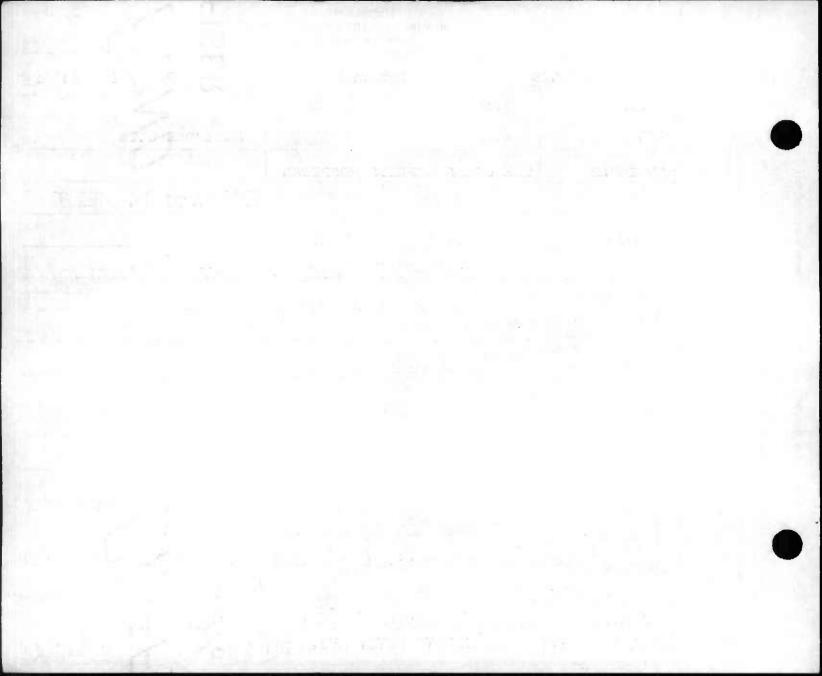
MPORTANT: If Irem 21 is morked or Irem 18

certificate has been

ATTENDING

ŏ

O HOSPITAL



- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

REGISTRAR

12h KIND OF BUSINESS OR ME OF WORK FOR MOST OF WARKING LIFE LINE MERCHANT SEAMON INDUSTRY BENNS PAULETTA BENNS 9451 VOLLMERHAUSEN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 weeks bladder 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES [21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 22c DATE SIGNED STATE 250. DATE REC'D. BY REGISTRAR MINNEGUSTRAR'S SIGNATUR
DEC 8 1983 DYETT 4600 LIBERTY

REG. NO

DAY

IF UNDER I YEAR

26 HOUR

305

IF UNDER 24 HRS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

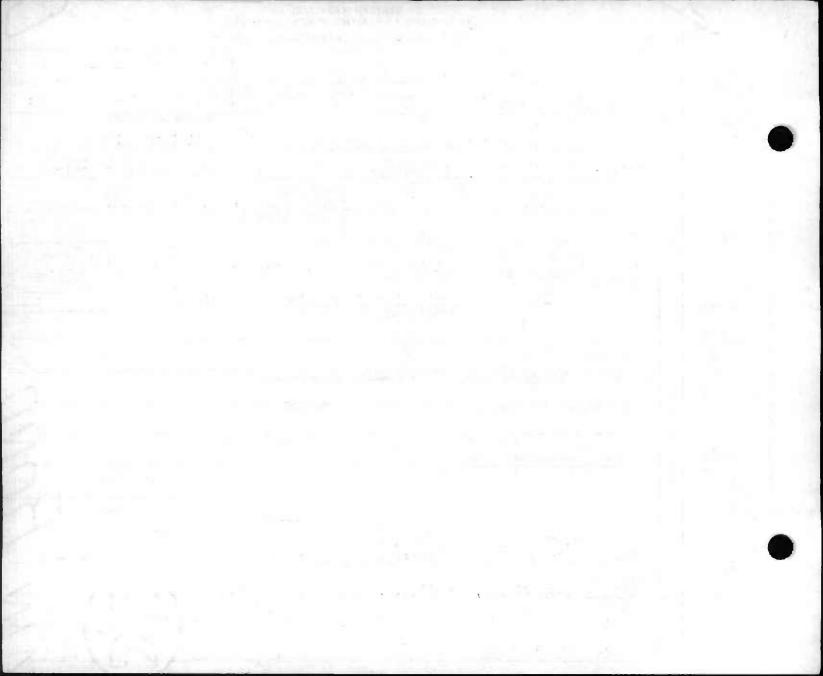
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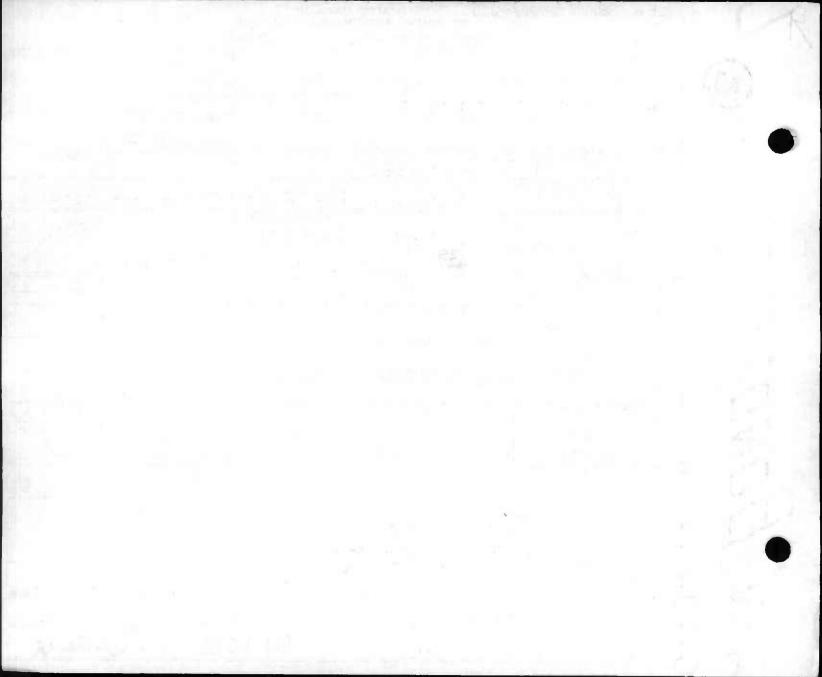
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

20M 4/82





1	FOR T - STATE REGISTRAR	DEPA	RTMENT OF HEALTH A CERTIFICATE	ND MENTAL HYGIENE	REG. NO.	2 1 6)
	THE REGISTRAR DECEASED NAME (TYPE OR PRINT) SEX Female 6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND. 0. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NUR PO HO) 130. STATE A FATHER'S NAME FIRST PART 1. DEATH WAS CA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	abeth J	Bereng		-7-83	DAY YEAR	26. HOUR P
	3. SEX Female	White	5. DATE OF BIRTH	AY 88 YEAR	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7		76. CITIZEN OF WHAT COUNT	WIDOWED NET	DIVORCED Ba]	orecity <u>or</u> county Ltimore	OF DEATH	MD.
7	Baltimore		ralesarium	TYPE OF W	LOCCUPATION ORK FOR MOST OF WORKING LIF		F BUSINESS OR
7	USUAL RESIDENCE (# NUR 130. STATE	UNITY 130. CITY OR T	OWN 134 INSI		T ADDRESS	ST. 2	1224
1	1 1)	MIDDLE KADLEC	IS. MOTI	HER'S MAIDEN NAME FIRST JULIA	MIDDLE	LAST	1
-		ARMED FORCES? 166. SOCIAL S GIVE WAR OR DATES) 119-3		Harvey Berong	ADDRESS - 3323	Jeyas	21234 Que.
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		TISLE	MYOCAR	DIAL	BETWEEN C	MATE INTERVAL DISET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF ///	CARCTION			
		DUE TO, OR AS A CONSE	QUENCE OF CLE	RUTTLE CAT	eno uns	CUAR	
		T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	DEP TO LEEP THE TOISE	ASE OR CONDITION GIV	VEN IN PART 110	
1	190 DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION WAS P	ERFORMED 200 AU	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	
	CAUSE OF			W INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18. I	PART I OR PART 2}	
	OR CONTRIBUTING CAUSE OF-	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	21f. LOC	CATION	CITY OR TOWN	COUNTY	STATE

nded the deceased from

and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

, that (I) (we) last

ew the body ofter death

22a.1 certify that (1)

230. BURIAL, CREMATION, REMOVAL

DEGREE

PARKWOOD

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

7h. DATE JONES

22d PHYSICIAN'S NAME HERE OF RIVERA

Adam Road lle Maryland Cockevs

21030 23d. LOCATION
ALTO-231. NAME OF CEMETERY OR CREMATORY

STATE

BP

ne prior to burial, cr

e burial-transit per id Mental Hygiene ar Hem 18 sha

should be detached far use as the b with the State Dept. af Health and A IMPORTANT: If Hem 21 is marked

TO FUNERAL DIRECTOR: After

certificate has been signe

BURIAL 7527

12-10-83

23b. DATE

250. DATE REC'D. BY REGISTRAR 256 DEC

DHMH - 16 50M 4/82 (VRA 15, 4)

MARYLAND U.S.A. X COTESTA SELE.

MARYLAND U.S.A. X COTESTA SELE.

MARYLAND CONTROL SELE.

MARYLAND CON

Model 18-10-83 PARKEDORD CEM BALTO, Ma-

nivry, or other troumatic event, the

MPORTANT: If Item 21 is morked at

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

deoth. Page

STATE OF MARYLAND

-	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.						
١	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	1	AST		20. DATE OF D		DAY YEAR	2b. HOUR
1	George	2	perre	ridg	0		12	30 83	10:10AM
	3. SEX 4.	RACE	5. DATE C	OF BIRTH DAY	YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ı	m	W	12	13	00	8	YRS		
1	76 BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MA	ARRIED -	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
1	MARYLAND	U.S.A	WIDOWE	D DIV	ORCED _		MORE CI		MD.
1	BALTIMORE	. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, ST. AGN			IUTION		CUPATION OR MOST OF WORKING ENANCE	GLIFE) INDUSTRY	HOSPITAL
	USUAL RESIDENCE (IF NURSIN IN INF OR OI 130 STATE OUNTY MARYLAND BALTI		DENCE BEFORE ADMISSION) Y OR TOWN ARBUTUS		NO 🔀	907 E	DRESS / ZIP COLLMR IDGE	AVENUE,	21229
2	FATHER'S NAME FIRST GEORGE MIC	• BER	KER IDGE	15. MOTHER'S			AIDDLE	UNKNOW	N
2	160 WAS DECEASED EVER IN U.S. ARME		CIAL SECURITY NO.	17 INFORMAN		- 200	ADDRESS		- 40
P	(YES, MOOR UNKNOWN) (IF YES, GIVE W	214	-20-9861	MARY E	. BERK	ERIDGE	907 ELN	MRIDGE AV	E. 21229
7	PART 2 OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING					NAL DISEASE C	SY? 20b. IF	YES, WERE FINDIN	GS USED
	THE STATE OF THE S	Land to the				YES N	10 IN CER	RTIFYING CAUSES (NO [
1	OR COLUMN THE CALLES OF BELLEVI	21b. TIME OF INJURY HOUR A.M. MC P.M.	Y ONTH DAY YEAR 19	ZIc HOW INJ	JRY OCCURR	ED (ENTERNATUR	RE OF INJURY IN ITEM I	IB PART I OR PART 2)	
	OK COMINIBILITING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE	21e. PLACE OF INJU		211 LOCATION	,		TITY OR TOWN	COUNTY	STATE
	220 I certify that II this haspital stay the decreased allowers		(A area	nd that in my (our) opinion d	leoth occurred o	on the date and h	hour and from the c	that (1) we) lost couses stated
	John Tolle). ali	th	Y W, PI	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	DATES	10/83
	PATTERYSICIAN'S NAME (TYPE OR P	, white		220 ADDRESS	-reder	rek F	U., Bal	St., Hd,	
	(SPECIFY)	23b. DATE	various Saint	EMETERY OR CE		23d LOCATE	IOWN	COUNTY	STATE
	BURIAL 24 FUNERAL DIRECTOR	01-03-84	MEADOWR	IDGE MER		ELKRII			YLAND
	HUBBARD FUNERAL HO	OME THE	ADDRESS LITTUE	MC AVE	250. DATE	A A1 7	NOTA REG	TRAR'S SIGNATU	-
	HUDDAKD FUNEKAL HO	JULE, INC.	ATO\ MITKE	NO AVE.	1 1/	CVIP	504	congre	Comila

DHMH - 16 50M 4/83 (VRA 15, 4)

Action and the second s esers average and are produced to the service of th

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYG	REG. N	0.	disp			
	CEASED NAME FIRST	10 1	MIDDLE	-	AST	20 DATE OF DEATH	MONTH	_	YEAR	26 HOUR	A
(TYPE	OR PRINT)	un.	P	B	etz		12	8 8	83	100	W
SE		4. RACE		5. DATE (6 AGE (IN YEARS LAST BI	(YAOHII	IF UNDER	I YEAR	IF UNDER 2	A HRS
	Female	Whit	6	MONTE 4	22 1899	84	YRS		DATS	HOURS	m irs.
L BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DE	ATH		
,	Pa.	II S	Δ	WIDOWI		Baltime	re	City			MD.
10. C	TY OR TOWN OF DEATH		HOSPITAL, NI		OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION		(IND OI	BUSINES	SOR
	Balto.	- A - A		Hospit	al	Housewit				200	
USU/	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION		BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS		DE Ba	1 to	. Mo	3.
	Md.		Balt		YES XX NO			ot R			
4. F.	THER'S NAME	MIDDLE	LAS		15. MOTHER'S MAIDEN NA			700	LAST		
	7	MIDDLE			?			Be	alo	r	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO.	6828 ANAutum	n View DD	SS -	Syke	svi	lle	Md
(YES, NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES!	217-2	2-4732	Mrs. France	s L. Frev		# /	184		
	18. CAUSE OF DEATH (Enter of	only one couse pe	r line for 10), (b), and Ici.1					APPROXIM	NATE INTERV	AL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	In	terior	- Myocard	vial Int	ari	Lion	7	da	40
	4100		DAS A CONS	SEQUENCE OF	, 0	3					•
	Conditions, if ony, which	(15)	A A A COIN	SEGOEINCE OI							
	gove rise to immediate cause (a), stating the	10,		50.151.165.05							
	underlying couse lost.	DUE TO, C	R AS A CON:	SEQUENCE OF							
	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION	GIVEN IN P	ART Ito		
NO				-							
MEDICAL CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE			
IFIC						YES NOW	INCER	YES T	AUSES	NO [1?
ERI	210. ACCIDENT WAS UNDERLYING	216 TIME C	OF INJURY		21c. HOW INJURY OCCUR		JRY IN ITEM	IS PART I OR F	PART 2)		
ALC	OR CONTRIBUTING CAUSE OF D	AL ALITE	M. MONTH P.M.	H DAY YEAR							
DIC	(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE	OF INJURY		21f. LOCATION			COL	a ity	51	
ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN	COL	PNIT	517	AIE
	22a.1 certify that (I) (this has	ottended t	he deceosed (rom 12	-6 10 83	10 12-8		. 19 8	3	hat (l) (w	e) lost
	sow the deceased alive of	on 13-	-8		nd that in (my) (our) opinion	death occurred on the c	dote and 1	hour and fr	om the	ouses stot	ted
	obove, (1) (we) (did) (did i 22b. SIGNATURE	not) view the body	y ofter death.		DEGREE			220	DATE	SIGNED	
	1130	A	ma	King	ATTENDING PHYSICIAN [MEDICAL STA			2-	8-8	3
	22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	8		22e. ADDRESS	_ DIRECTOR _ PHIST	CIANLA			0 0	
	INV T	MIG	KIN	7	St Agne	HOSE					1
0.2		I lan our	1 11	I 22. NIAME OF	CEMETERY OR CREMATORY	23d LOCATION	1				
230	BURIAL, CREMATION, REMOVA	AL 23b. DATE	0.7			- CITY ONTOWN	hand-	COUNT	CIN	51	ATE
24 5	Burial	12-10	-85	Loudo	or De	TENECID BY DECISION	MOT-	STRAR'S S	IGNIATI	IDE	
197	DIMENTAL DIKECTOK	3 = -		- 4 50.500		THE CHAPTER DISTERNAL	VILLARY PARTY	mairar 3 3			
u	Thuman Schw	vab 51	51 Ba #212		t'l.Pike"	1 4 1983	1	el	9.1	Alue	14

DHMH - 16 50M 4/83 (VRA 15, 4)

injury, or other troumotic event, the medical

IMPORTANT: If them 21 is morked or Item 18

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ANTICON TO THE STATE OF THE PROPERTY OF THE PR Day & Life par in 1 to a call it and a desire of the

STEWART & MOWEN CO., 108 W. North Ave.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

JAN

7b HOUR

126. KIND OF BUSINESS OR

State of MD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Oberry

23

YES [

COUNTY

22c. DATE SIGNED

STATE

STATE

IF UNDER 1 YEAR

ge Assi Village - 224 39

Largelates California International Sciences City

Delthore University of Maryland Norpitel Sciences States of 100

Largeland Sultaneous Silt V. Langela Silt V. Langela 21217

Larges B. Sellen Settle States Observed

to Market 10 to other to a control of the con-

2/24/21 Urean Mount Transitory Haltisore

ETECHT GALLE CO., 101 V. North Ave. 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared filled in by the Laner should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 thould be filled within 3 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the

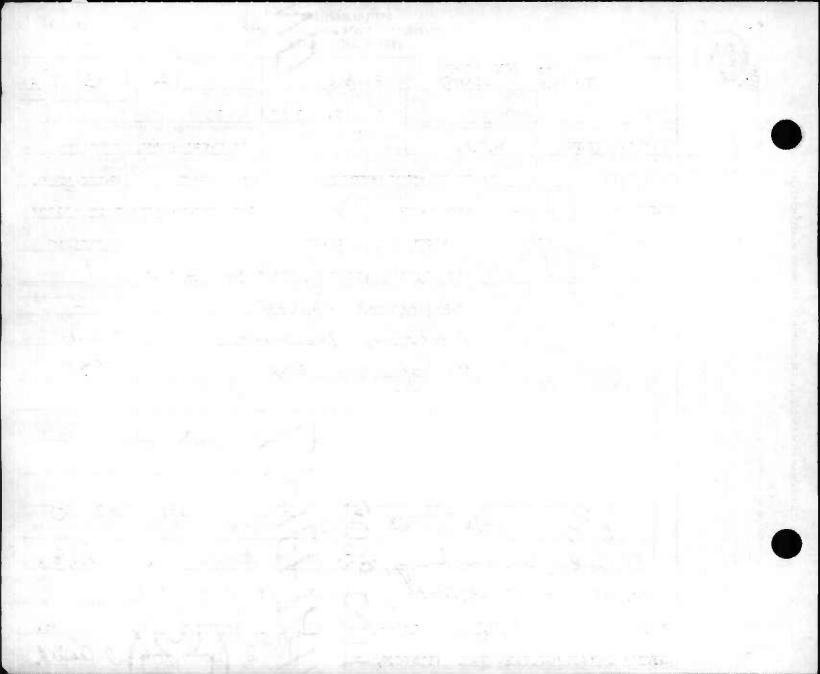
WALTER BROOKS BRADLEY.

STATE OF MARYLAND CERTIFICATE OF DEATH

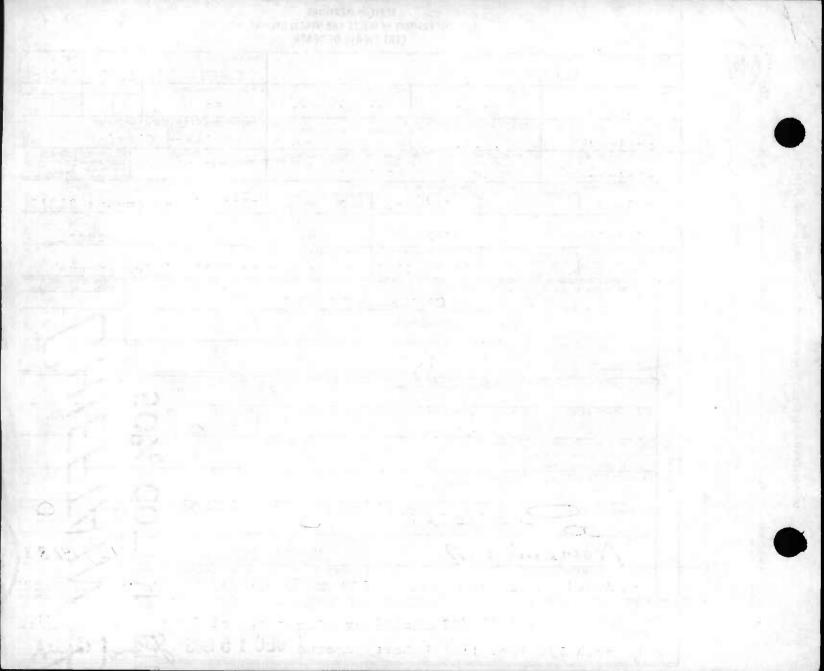
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1.	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIERE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIERE REGISTRAR REG. NO.									
		CEASED NAME JAN	ES LIOYD	BLACK LOYD	B	LACK	20 DATE OF DEATH		DAY YEAR	2b. HOUR	AM
	3. SE		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	_
	MA	LE	WHITE		MONT	DAY 1913	70	YRS.	MONTHS DAYS	HOURS	MIN.
1		IRTHPLACE (STATE OR FOREIGN COUNTRY) ORTH CAROLTNA		WHAT COUNTRY?	8. MARRIE WIDOWI	ED X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY		277	
1	10. C	ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SUI	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	G HOME (OR OTHER INSTITUTION	BALTTMORE 12a. USUAL OCCUPAT (TYRE OF WORK FOR MOST	TION OF WORKING LII	12b. KIND O INDUSTRY	F BUSINES	
1		LTIMORE AL RESIDENCE (IF NURSING HO)		TIMORE CI		DSPITALS	COIL TRAC	EIR	STUDIEN	MFGR	
5	13a S		OUNTY	BALTIMOF	N	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS		AVENUE	2122	24
	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM		1-1-11	LAS	7	
Ю		JAMES	LlOYD	BLACK,	SR.	ANNIE	WIDDLE			LERS	
1		WAS DECEASED EVER IN U.S		166 SOCIAL SECU		17. INFORMANT	ADDR	ESS			
	NO		S, GIVE WAR OR DATES)	213.07.2	2205	GRACE A. BLAC	K (same as	13e)			
2	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, C		BUL BUL DEATH BUT	0.4 6 4		20b. IF YES	VEN IN PART 110	NGS USED	12
	RTIF			1000			YES NO		ES 🗍	NO 🗌	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAL	F DEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 F	PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	/AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STA	TE
		220.1 certify that (1) this has we there exercise alive above (1) (we) (find (di 22b. SIGNATURE				nd that in my (our) apinion of DEGREE ATTENDING PHYSICIAN The ADDRESS	, to	date and hou	19 53, or and Iram the 22c. DATE	couses state	e) last ed
	23a F	MICHAEL S		ENBERG		BACTIMO AT	E CITY 1234 LOCATION	H058)		
	BU	(SPECIFY)				RIDGE MEM. PAR	K FLKRTDG		COUNTY	Sta MD	
		UNERAL DIRECTOR NAME TITER BROOKS P	READLEV T	ADDRESS DEINIC	NT IZ	MD DEC	REC'D. BY REGISTRAL	15 GIST	TRAR'S SIGNAT	heeld	

DUNDALK, MD



	1	FOR - STATE REGISTRAR	DEPART	2 6 /		
EMBAI)		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
E MINE /		LOUI	D.,	BLAKE		1983 9:20am
	3.	SEX	4. RACE	S. DATE OF BIRTH	Mi	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
and	0	Female	Black	11 6 31	5.2 yrs.	
4 65 a	3/10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
deot hin 7	10	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	12b. KIND OF BUSINESS OR
by the tilled will find	处	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET CHURCH HOME	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
24 hou filled in ould be	13	SUAL RESIDENCE (IF NURSING HOME OF OF STATE 136. COU	NOTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 2317 Linden A	venue 21217
mpletely and 2 sh	200	FATHER'S NAME Shirley	MIDDLE Blake	15. MOTHER'S MAIDEN NO. FIRST Lucy	AME MIDDLE	Rausom
d col	/ 16	WAS DECEASED EVER IN U.S. AF		JRITY NO. 17. INFORMANT	ADDRESS	
mond co		YES NOOR UNKNOWN) (IF YES, GI	214-26-	1397 Brenda Tho	omas 2317 Linde	n Avenue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. To differed physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave corbonopopers. Pages 1 and 2 should be fillenth and Mental Hygiene prior to burial, cremation, or remaval. orked or them the transitionary or other troumotic event, the medical exempter must be used.	, and the second	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	7.75	IN IN PART 1(0) WERE FINDINGS USED
TAL REC The low icion. te has b isit perm igiene pr	2	21a. ACCIDENT WAS UNDERLYING F			YES NATH IN CERTIFY YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
N OF VITA SICIAN: TI ng physicic certificate rital-transit ental Hygi	1	ON CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	TEMER MATURE OF HADON IN THE TEM TO TA	
IVISION Offendir Ter this ss the but hond M nond M	1	AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
OR ATTEND e haspital a DIRECTOR: A sched for use Dept. of Hea		saw the deceased alive ar abave, (1) we) did did no 225. SIGNATURE	ited attended the deceased from, December 149 at) view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	, filds (if we last
RAL RAL Store	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	220. ADDRESS CHU	DIRECTOR DHYSICIAN RCH HOSPITAL	12/11/83
TO HOSP retained I	23	6. BURIAL, CREMATION, REMOVAL	. NAZEMI, M.D	. LOO NORTH	BROADWAY, BALTO	
BP		BURIAL FUNERAL DIRECTOR		Baltimore Cemete	ery Baltimore, LERC'D. BY REGISTRAR 256. PO ISTR	Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		Wm C March F/I	H Inc. 1101 E	North Avenue	EC 1 5 1983 / Sa	mg Camila



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICAIL OF DEATH	REG. NO		
	1. DECEASED NAME FIRST	MIDDLE	ŧ,	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Н	(TYPE OR PRINT)	E.	BLANC	HARD	12	18 83	325 pm
	3 SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	W	MONTH 4	22 1898	85 YR	MONTHS DAYS	HOURS MIN.
3	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU		
	VIRGINIA	U.S.A.	WIDOWE		BALTIMORE C		MD.
2	BALT IMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV ST. AGI			170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOMEMAKER		OF BUSINESS OR
5	USUAL RESIDENCE IF NURSING HOME OF 130. STATE 136 COUMARYLAND -		RTOWN	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CO		E, 21229
0	14 FATHER'S NAME WILLIAM	MIDDLE	.51 N	IS. MOTHER'S MAIDEN NAM ELLA	WIDDLE	ROPI	
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166: SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS R	ANDALLSTO	DWN, MD.
П	NO NO		-40-9588	ROSALIE J. D.	AW 8614 LUGAN	O ROAD, 2	21133
2	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON	ISEQUENCE OF CANDIACO	on.		GIVEN IN PART IN YES, WERE FINDIN RTIFYING CAUSES	NGS USED
7	71a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NOW	YES [NO 🗌
1		HOUR A.M. MONT	H DAY YEAR				
	OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINI 2) d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		711 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this has sow the deceased alive a			d that in (my) (our) opinion d	, todepth accurred on the date and		that (I) (we) last
		ot) view the body after death.		DEGREE &		22c DATE	-
	Rufat	4. Cirque	- 0	idet ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12	118/83
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	4		
	Raafat	. Girgis	MD	St. Agnes	Hospital		
	238. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	YIMUQ2	SIAU
	BURIAL	12-21-83	FOF	REST LAWN	NORFOLK N	ORFOLK	VIRGINIA

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eshould be detached for use as the build-naturi permit. Then please remove carbon papers. Pages with the State Dept. of Health and Attental Hygiene prior to burial, cremotian, or removal. IMPORTANT: If Item 21 is marked or Item 18 mows ony injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

THE COURSE OF TH

4		FOR STATE REGISTRAR				MENT OF I	FICATE OF DEATH	REG. NO		2	6 9
)		CEASED NAME OR PRINT)	TOFA		MIDDLE EDWAR			1		3	5 P M
	3. SEX		4. RACE		5. DATE OF BIRTH Dec. 3,1893			6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OR F COUNTRY) Maryland			WHAT COUNTRY?	MARRIE	37	_	-		MD
3		Baltimore	9	Good S	H FACILITY, GIVE STREET Samaritan	Hosp		TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
5	Ba. S	TATE	13b. COUN		13c. CITY OR TOV Baltimo	/N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1114 E	. Belve	edere /	Ave.2123
K	14. FA	FIRST		middle einberge	er		FIRST	ckreidt MIDDLE			
				MED FORCES? E WAR OR DATES)	218-10-5		Warren E. Ble			lis, Mo	d. 21403
	-	MALE HPLACE (STATE OR FOREIGN MATE HPLACE (STATE OR FOREIGN MATY LAND OR TOWN OF DEATH BALTIMOTE RESIDENCE (IF NURSING HOME ATE TY LAND BECEASED EVER IN U.S. NO OR UNKNOWN) B CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate COUSE (1), stating the underlying cause last. PART 2. OTHER SIGNIFICAN OR DATE OF OPERATION OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTHY MEDICAL EXAM ALCIDENT WAS UNDERLYING OR CONTRIBUTION ALCIDENT WAS UNDERLYING CONTRIBUTION A	nediote ng the last.	(b)	nthac RAS A CONSEQU	ENCE OF	T NOT RELATED TO THE TERM	A, CUB	DITION GIVEN	N IN PART 10	2.
7	TIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DATE OF BRETH DEC. 3,1893 YEAR 12 HOURS MIN.					
7	Baltimore Baltimore Sual residence (# Nursing Ho 8a. STATE Maryland 14. FATHER'S NAME FIRST Frederick 16a. WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enr. PART 1. DEATH WAS C. Conditions, if any, which gove rise to immedio couse (o), stoting the underlying cause lost underlying	OR CONTRIBUTING []	CAUSE OF DEA CAL EXAMINES RED	HOUR A.	M. MONTH D M. OF INJURY	19	211 LOCATION				STATE
		(this hospi	12-	-5 19	83.	DEGREE ATTENDING	death accurred an the do		and from the	couses stated	
1		22d. PHYSICIAN'S N.	AME (TYPE C	R PRINT)	eur		GOD SA	+MARITAN	H	SSPITA	+4
		(SPECIFY)	REMOVAL	23b. DATE Dec. 8				CITY OF TOWN			STATE Md.

BP DHMH - 16 50M 4/82 (VRA 15, 4)

campletely filled in by the funeral director is 1 and 2 should be filed within 72 hours of

ned by the attending physician and c please remave carbonpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remave cowith the State Dept, of Health and Mental Hygiene prior to burial, crematian,

OR ATTENDING PHYSICIAN: The

retained by the haspital ar

TO HOSPITAL

ADDRESS 6500 York Rd. 250. Mitchell-Wiedefeld Home, Inc. Balto., Md.2120FC

ware idla ale control i i In the second se TO THE BOOK OF THE PARTY OF THE requires that the death certificate be executed within 24 hours after death. Page 4

STATE OF MARYLAND

3	2	1	7	0

1 -	FOR STATE REGISTRAR			DEPARTA		ICATE OF	MENTAL HYG DEATH	GIENE O	REG. N	۷٥.	2		1	0
	CEASED NAME	FIRST	,	MIDDLE	ı	.AST		20. DATE C	OF DEATH	MONTH	DAY	YEAR	2h HOL	JR
{ TYPE	OR PRINT)	EVA		L.	BI	LOOM				12	3	83	10	A. M
3. SE	х		4. RACE	71-1-1-1-1	S. DATE C			6. AGE (IN	YEARS LAST B	IRTHDAY)	MONTH:	DERIYEAR	IF UNDER	
	Female		Whi	te	3	1 1 7	23		60	YRS	MONTH	5 DAYS	HOURS	MIN,
Ja. Bi	RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8	D NEVER	MARRIED -	9. BALTIM	ORE CITY	OR COUN	TY OF D	EATH		Toole.
M	aryland		U.S.		WIDOWE	D 0	NORCED [ore C				MD.
13	altimore	тн		HOSPITAL, NURSIN H FACILITY, GIVE STREET . BNES HOSP		OR OTHER INS	NOITUTITE	Hair	L OCCUPA ORK FOR MOST dress	TION OF WORKING er	IFE) Pa	DUSTRYE	rans Es.	S OF
13a S	AL RESIDENCE (IF NURS STATE aryland	136 POUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW Woodlaw	'N	YES 🗌	CITY LIMITS?		ADDRESS Cala	/ ZIP CO	DE urt	212	207	
A FA	FATHER'S NAME GUY 60. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (18 YES		MIDDLE	Tyson			's MAIDEN NA Fannie	ME	MIDDLE			Co	le le	
16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDI	RESS				
0	YES NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	217-16-0	581	Meyer	Bloom	1912	Calai	s Cou	rt	2120	7	100
	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN	AS CAUSEI IMMEDIAT which nediote g the lost.	D BY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c)	CAPILIA R AS A CONSEQUE R AS A CONSEQUE	ENCE OF		ance		SE OR CO	NDITION G	IVEN IN		fa	DO DEATH
NO														
CERTIFICATION	196. DATE OF OPERA	ION	19b. COND	ution for which operation was perform				IN CERTIFY				WERE FINDINGS USED YING CAUSES OF DEATH?		
MEDICAL CER	210. ASCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE	AUSE OF DEA	TH HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTERN	VATURE OF IN	JURY IN ITEM I	B PART TO	RPART 7}		
MEG	WHILE NOT WH	ILE 🖂		REET, FACTORY, OFFICE, F	ARM ETC)	STRE			CITY OR I	rown	C	YINUO	36	STATE
	27a. I certify that (1) sow the decease above, (1) (we) (c 22b. SIGN (TIME)	ed alive on, lid) (did not	view the body	19	, ar	DEGREE	ATTENDING PHYSICIAN	3 18			our ond	fram the	couses st	
	22d. PHYSICIAN'S NA		R PRINT)	8		22e. ADDRE				20109		1	182	
	Dr. Pose						Mem. H			Bldg	. Ro	om 5	32	
23a. E	BURIAL CREMATION.	REMOVAL	23b. DATE	23€. ↑	NAME OF C	EMETERY OR	CREMATORY	23d LOC	CATION					

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely should be detached for use as the burial-transit permit. Then please remove corban papers. Pages Land 2 should he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If them 21 is morked or them 18 showspagy

Burial

12/6/83

Meadowridge Mem. Pk.

Elkridge

Howard Maryland

PARELL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 21229

250. DATE REC'D. DEC 1983

BY REGISTRAR 250 EGISTRAR'S SIGNATURE

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		a Taraca	I'm I		
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	2	1	- 1

REGISTRAR	CERTIFIC	ALE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE LAST		DATE OF DEATH MONTH DAY YEAR 26	HOUR
Jesse) JESSIE		3BITT	11-29-831	1:45
3 SEX 4. RACE				UNDER 24 MRS
m	31K 8-	26 17	66 YRS	OURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZ	ZEN OF WHAT COUNTRY? 8	NEVER MARRIED 9	BALTIMORE CITY OR COUNTY OF DEATH	
N.C.	USA WIDOWED		Balto Citu	M
10 CITY OR TOWN OF DEATH 11. NA	ME OF HOSPITAL, NURSING HOME OR		USUAL OCCUPATION IN KIND OF BI	
1 64	OT IN SUCH FACILITY, GIVE STREET ADDRESS)	(1	YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INS	STITUTION GIVE RESIDENCE BEFORE ADMISSION)			
130. STATE 13b. COUNTY	13c CITY OR TOWN 113	INSIDECITY LIMITS? 1130	STREET ADDRESS	1217
mo	Baltimore	YES NO	2029 mclullo	h S
14 FATHER'S NAME		MOTHER'S MAIDEN NAME		
FIRST MIDDLE	LAST	FIRST	MIDDLE	
160 WAS DECEASED EVER IN U.S. ARMED FOI	RCES? 166 SOCIAL SECURITY NO. 17	7 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR I	DATES)			
yes		Jerry Bobb	itt 118 S. Willard	St.
18 CAUSE OF DEATH (Enter only one co	ouse per line for (o), (b), and (c)	,	APPROXIMAT	EINTERVAL
PART 2 OTHER SIGNIFICANT CONDITION			L DISEASE OR CONDITION GIVEN IN PART 110	
19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION V		200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOW	
21a ACCIDENT WAS UNDERLYING 21b.	TIME OF INJURY 2	To HOW INJURY OCCURRED		
OR CONTRIBUTING TO CAUSE OF OTHER HO	DUR A.M. MONTH DAY YEAR			
THE STATE NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. [AT	P.M. 19 PLACE OF INJURY 2	U LOSATION		
WHILE NOT WHILE [HOME STREET FACTORY, OFFICE FARM ETC }	II LOCATION	CITY OR TOWN COUNTY	STATE
AT WORK AT WORK		2 122	11122 02	
22a.1 certify that (I) (this hospital) atter	ded the deceased from	19.82	to 11/21 1900 that	(I) (we) los
sow the deceosed olive on obove, (I) (we) (did) (did not) view th	19 85 ond t	hot in (my) (our) opinion deot	h occurred on the date and hour and from the cous	ses stated
22b. SIGNATURE		GREE	22¢ DATE SIG	NED
MONTONA	ha-	ATTENDING M	NEDICAL STAFF	9010
1300.1	1011	PHYSICIAN DI	RECTOR PHYSICIAN	-110
22d. PHYSICIAN'S NAME (TYPE OR PRINT)		2e ADDRESS	1 11000 - 11	
131CH THUY	DUONG	LUTHERA	N HOSPITAL	
23a BURIAL, CREMATION, REMOVAL 23b D.	ATE 231 NAME OF CEM		23d. LOCATION	
ISPERINTAL 12/			IN LOCATION	

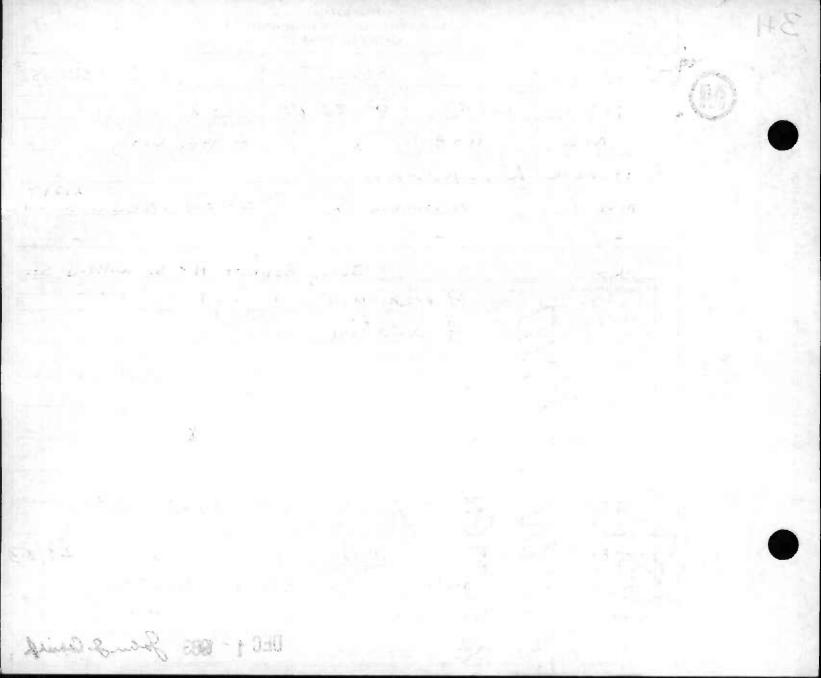
BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and comparery filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled entitled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
NAME
Wm. C. March F/H 1101 E. North Ave.



-	41
Ţ	100
•	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours after a retained by the hospital or ottending physician
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	OR A
1	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or offending phy
	10SP
	TO P

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illed in by the should be detached for use as the buriol-transit permit. Then please remove cortain paper. Fager 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

BP.

DHMH - 16 25M (VR A 15 (4)) 9/74

FOR STATE REGISTRAR DECEASED NAME FRST	DEPA	RTMENT OF HEALTH AND MEN	ITAL HYGIENE	REG. N
FIRST	MIDDLE	LAST	20. DATE (OF DEATH
	FIRST		DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH FIRST MIDDLE LAST 20. DATE OF

	KE	JISTRAR				40				REG. NO					
	1. DECEASED NAME (TYPE OR PRINT) ROSA			ALIE	ANN	A	Boo	K	20. DATE O	DEC.	AONTH	O	83	2b HOU	JR M
3	SEX	-		4 RACE		5 DATE C	F BIRTH		6 AGE (IN)	EARS LAST BIRTH	DAY)	IF UND	ER I YEAR	IF UNDER	- ///
	Female			White	9	NONTH		1935	48		YRS	MONTHS	DAYS	S HOURS MIN	
70		LACE (STATE OR F	OREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	XI NEVER	MARRIED [9. BALTIMO	ORE CITY OF	COUN	TY OF D	EATH		
15		ryland		USA		WIDOWE	D D	ONORCED		ltimo:	_	,			MD.
1 10	_	ltimore	- 41	(IF NOT IN SUCE	OSPITAL, NURSIN FACILITY, GIVE STREET CIMORE C	ADDRESSI	ospit		(TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING		KIND O DUSTRY		
113	O STATE	SIDENCE (IF NUR E land	Hart	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Aberde	N	13d. INSIDE	CITY LIMITS?	134. STREET 416	ADDRESS Sick	le L	ane		216	10
d	FATHE	r's NAME Leonard		MIDDLE KE	asmerski		IS. MOTHE	R'S MAIDEN NA FIRST		Aldr	idge	2	LAS1	T	10
16		DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRE	SS			210	001
4	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				219-32-	2800	Loui	s Bock,	,416 5	ickle	Lan	e, Al	brsc	een,	Md.
	Co	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF										APPROXI BETWEEN C	LVS	DEATH	
	PAF	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)													
2	190.	DATE OF OPERA	19b. CONDI	TION FOR WHICH					200. AUTOPSY? 1200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO					TH?	
		210. ACCIDENT WAS UNDERLYING 21b. TIME O OR CONTRIBUTING 2 CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)			M. MONTH DA	YEAR	21c. HOW	INJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 1	B, PART 1 O	R PART 2)		
A CHARLE A		INJURY OCCUR	HILE C	21e. PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCAT	ION	_	CITY OR TOW	4	co	YINU	SI	TATE
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Walter F. Bogdanowicz 12 3 8 I. SEX Male White The State of British White The State of British Th	
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Male White 1 7 1912 71 YRS BRITHPLACE (STATE OR FOREGON COUNTRY) BRITHPLACE (STATE OR FOREGON COUNTRY) COUNTRY) MARY JAIN 10. CITY OR TOWN OF DEATH 11. AMAGE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimore 6715 Fait Avenue 718 CITIZEN OR WARRING THE FREE TADDESS) Baltimore 6715 Fait Avenue 128 USUAL OCCUPATION (PROT WAS USUAL ACCUPATION TOWN OR OR OTHER WISTIDUTON, OWE RUSDING BLUTCHE, ADDRESS) Maryland 13. COUNTRY Baltimore 6715 Fait Avenue 15. MOTHER'S NAME FIRST MODIL 18. FATHER'S NAME FIRST MODIL 18. CAUSE OF DEATH (Enter only one couse per line for 101, 16 LOPP) 19. CONDITIONS ON WARD OR DATE (PESSON OR WARD OR DATE) 19. CONDITIONS ON WARD OR DATE (PESSON OR WARD OR DATE) 19. CONDITIONS ON AS A CONSEQUENCE OF UNITED ATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF OCCONDITIONS, if any, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF PART 1 OTHER'S IGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITIONS ON THE WAS DECEASED OR DEATH (Enter only one couse per line for 101, 16 LOPP) 19. DATE OF OPERATION 19. CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19. DUE TO, OR AS A CONSEQUENCE OF 19. DUE TO, OR AS A CONSEQUENCE OF INJURY 19. DUE TO, OR AS A CONSEQUENCE OF INJURY 19. DUE TO, OR AS A CONSEQUENCE OF INJURY 19. DUE TO, OR AS A CONSEQUENCE OF INJURY 19. DUE TO, OR AS A CONSEQUENCE OF INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE TO, OR AS A CONSEQUENCE OR INJURY 19. DUE T	
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Adam Bogdanowicz Veronica Andreas An	LAST
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NO State No 213-07-3726 Emily T. Bogdanowicz-Balto	t Ave
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saw the deceased alive an 1997 and that in (my) (ew) apinion death accurred on the date and hour and from	STA
obove, (I) (we)+dd) (did not) view the body after death.	, that (1) (we
A Pulcel M. P. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	the causes state
22d PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS PATELL 220 ADDRESS PATELL BUT MAD MICHAEL PURILLU 4900 Earlen ave But Md	

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

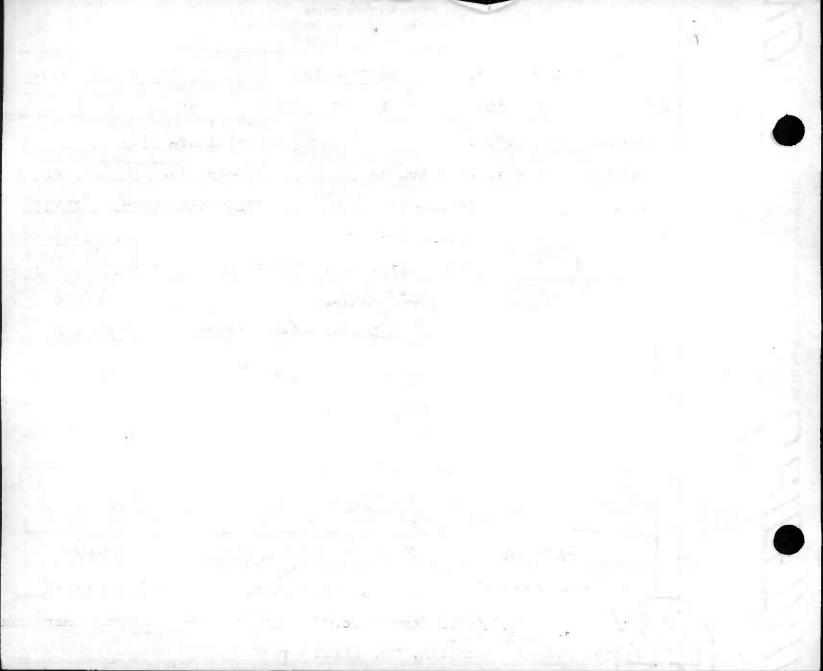
230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

12/7/1983 Sacred Ht.Of Mary D 7922 Wise Avenue Dundalk, MD. 21222

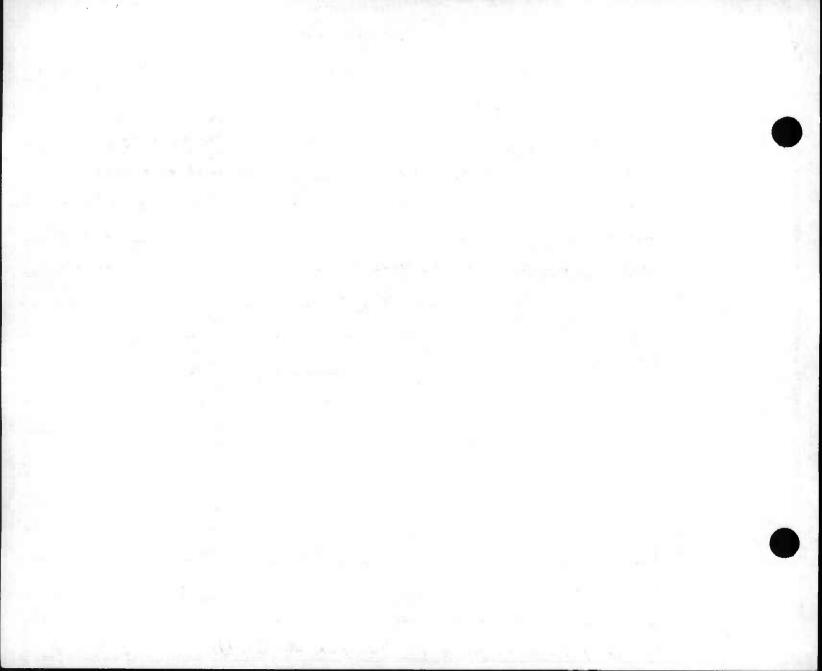
23b. DATE

23d LOCATION
CITY OR TOWN

Dundalk Baltimore Maryland
REC D. BY REGISTRAR 25b, REDISTRAR 5 SIGNALURE



4	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE S	2 1 / 4
of the of		CEASED NAME FIRST OR PRINT) WALT		MIDDLE	Re	AST CC S	26. DATE OF DEATH MONTH	Z6 83 845 PM
moy pag	3. SE		4. RACE	0	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4 director hours oft	1	MALE	WHI		MONTH / 2_	30 1906	76 YRS.	
C to Target of the		OUNTRY! Va.		A.	MARRIE WIDOWE		BALTO C	ITY MD.
by the fur de for confied of within	10 C	BALTO	(IF NOT IN SUC	HOSPITAL, NI CHEACILITY, GIVE 4LTO	STREET ADDRESS)	POSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CROWN CORK	
ND 2120	13a. S	TATE COU	ROTHER INSTITUTION	13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 1610 FOUR GEC	RGES Ct. APT. B.
MARYLa ed within	14. FA	THER'S NAME PIRST ALFRED	MIDDLE	BOG	-6-5	15 MOTHER'S MAIDEN N REBECCA	AME MIDDLE	COUGAR
on ond co		1 1	RMED FORCES?		SECURITY NO.	CORNELIA I	ADDRESS SA/	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the this certificate has been signed by the attending physician and completely filled in the ost the burial-transit permit. Then please remove corbon papers. Pages the order prior to burial, cremation, or removal. In and Mental Bygiene prior to burial, cremation, or removal. Orked or them 18 showeary injury, or other traumotic event, the medical permits the property of the prior to the property of the proper		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS 490 IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	OR AS A CONS	SEQUENCE OF	9		BETWEEN ONSET AND DEATH / WK
ecorbs, 20 w requires been signed mit. Then pl prior to burity, 0	CERTIFICATION	PART 2 OTHER SIGNIFICANT	he	art di	serse	NOT RELATED TO THE TER		ES, WERE FINDINGS USED
TAL REI	RTIFFC						YES NO	FYING CAUSES OF DEATH?
N OF VITAL SICIAN: The map physician certificate h untal-transity from the property of the pr	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DI	ER) P.	.M. MONTH .M.	DAY YEAR		IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION O DIVISION O OF PHYSIC Offer this cer os the burio th and Ment	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST		FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTEND! or hospital or RECTOR: A red for use spt. of Heal is miles.		22a. certify that (I) (this hasp sow the deceased alive a above ((I) (we) (did) (did n			19_53_,0		n death occurred on the date and ha	
F H P		22b. SIGNATURE	Seth D	one	mhy.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/16/83
TO HOSPITAL etonined by the TO FUNERAL should be deto with the Store IMPORTANT: If		MICHAEL SE	TH DON	NEMBE		BALTO	FITY HOSP	
BP		SURIAL, CREMATION, REMOVA SPECIFY) BURIAL	12/3 12/3	0/83	HOLL	HILL CEN	1. CITY OR TOWN	FLTO MB.
DHMH-16 30M 2/80 (VRA 15, 4)		UNNELLY FUL	UERAL	HemE	RESS DE DE	INDALK DEC	ate rec'd. By registrar 25b. regis	STRAR'S SIGNATURE



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME FIRST MIDDLE 2h HOUR (TYPE OR PRINTS 1983 4:04 LOUIS J. **BOGNAR** DECEMBERXXX A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 3 SEX 4. RACE Sept. 21° 1905" Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City. Hungary U.S.A. DIVORCED WIDOWED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR hurch Home Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INPHATRY Raltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21221 3308 Noble Street Balti. City Baltimere Maryland YES K NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Flora Peterfay Loius J. Bognar ADDRESS 17 INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Charles J. Bognar. 3308 Noble Street 232-01-1887 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF SEVERE CACHEXIA AND DEHYDRATION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF XRXXXXXXX underlying cause lost. POSSIBLE MALIGNANCY 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CORONARY AKRTERY DISEASE, CHRONIC OBSTRUCTIVE CERTIFICATION 20b. IF YES. WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? be YES [NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INILIRY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET WHILE D NOT WHILE 220.1 certify that (I) this hospital attended the deceased from TO FUNERAL DIRECTOR: 83, and that in (my) (our opinion death occurred on the date and hour and from the couses stated sow the deceased alive on obove (1) we did (did not view the body after death be detoched f e State Dept 22c. DATE SIGNED DEGREE PHYSICIAN | DIRECTOR | PHYSICIAN MPORTANT. 22. ADDRESS CHURCH HOSPITAL CORPORATION 22d PH S CIAN'S NAME (TYPEOR PRINT the the MANNISI, M.D. BROADWAY, BALTIMORE. shoul MD. 21231 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Cremation Westview Memorial Pk Catonsville, Baltimore Co. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WOODLAWM, MEMORIAL FH DHMH - 16 50M 4/B2

6111 Windsor Mill Rd

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Balto. Md. 21216

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

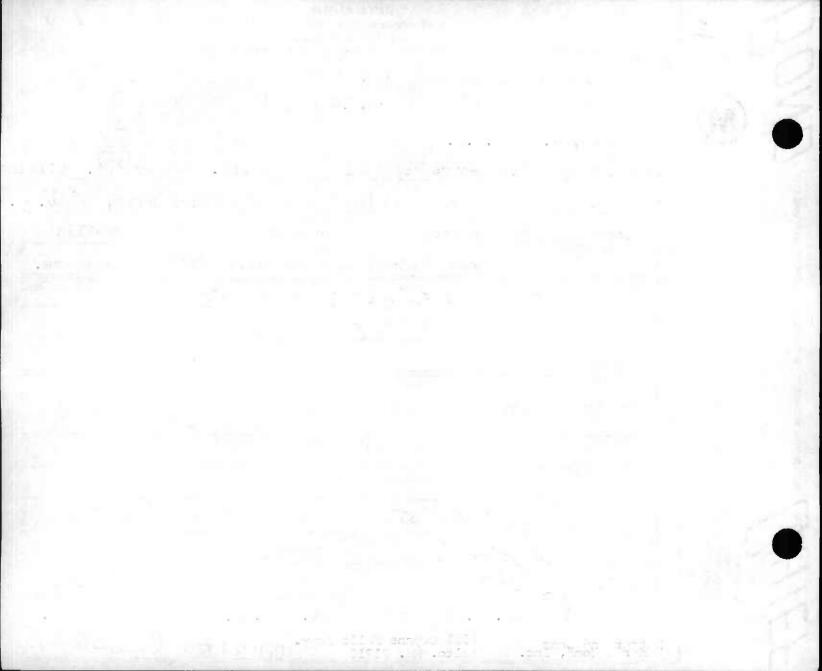
Item #2b Film #G588

2/6/84 jp

- STATE

(VRA 15, 4)

REGISTRAR



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

etoined by the hospital or

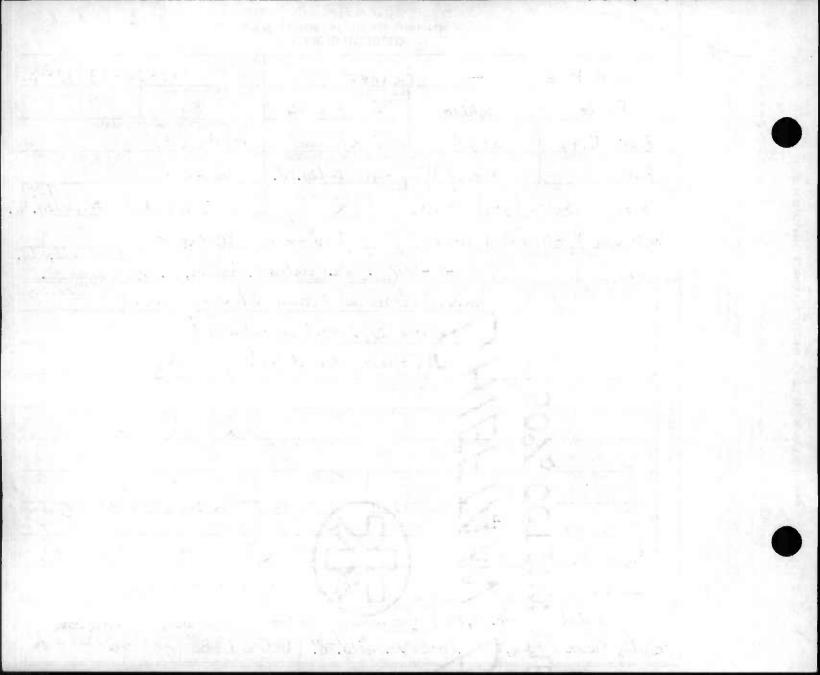
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corban papers. I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the

within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ERTIFICATE O	FDEATH	REG.	NO.		
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J. SE			RACE	5.	DATE OF BIRTH	VE 48	6. AGE IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS
	remal	e	Wh	ite	4 - 2	- 99	8.	YRS.	DATE	MAN.
7s. Bl	RTHPLACE (STATE)	eromon 7	CITIZEN OF W	AT COUNTRY? 8.	MARRIED NEVI	ER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
	Balto C	ity	Ue	//	VIDOWED	DIVORCED [Balto	City		MD.
10.0	ITY OR TOWN OF D	EATH		SPITAL, NURSING		NSTITUTION	120 USUAL OCCUPA		126. KIND O	OF BUSINESS OR
	Balto.		Me	rcy Hoen	Tal R	alto.Md.	Housen	. 0	IND OSTRI	
	AL RESIDENCE (IF NO	IRSING HOME OR O		E RESIDENCE BEFORE		E CITY LIMITS?	13e STREET ADDRES			21230
	Md.	Balt	. /1 \1	Batto.	YES X	NO 🗆	434 E.	Mandal	1 34.	Balto.M
14 F.A	ATHER'S NAME	A - M	DOLE	LAST	15. MOTH	ER'S MAIDEN NAM	ME mutatus	1	LAS	
-1	William	P. Ger		RUSAN	1	ourse B	TOUTE	vce.	(43	
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,	no	(W TES. ONE	2	15-07-320	70. Mr	· (harles	L. Prailer	In. 2691	Lange	an St.
	18 CAUSE OF DEA	ATH (Enter only	one couse per lin	e for (o), (b), and ((L) A .A		-1.	1	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
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	4347		DUE TO OR /	S A CONSEQUENCE	CE OF A	1 1	1 1			
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	gove rise to i		DUE TO, OR A	S A CONSEQUENCE	E OF A	i dele	1000	.0		
	underlying cou	se lost.	((c)	arthuo	relevin	ic aise	est your	archa	r	- T- 1
7	PART 2 OTHER SI	GNIFICANT CO	NDITIONS CON	TRIBUTING TO DEA	ATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 110	0
CERTIFICATION										- 3970
CA	190 DATE OF OPER	RATION	196. CONDITIO	ON FOR WHICH OF	PERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, W		NGS USED S OF DEATH?
RTIF							YES NO	YES	X	ио □
	210. ACCIDENT WAS U		216. TIME OF I	MONTH DAY	YEAR 216. HOV	/ INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY ME	DICAL EXAMINER)	P.M.	7	19					
MED	21d INJURY OCCU	WHILE	218. PLACE OF	INJURY FACTORY, OFFICE, FARM	21f. LOCA	REET	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT V	VORK -			0 .0	on.	10 76		0.3	
	22a. I certify that			7	2-19	19_03_	to 32-24-		<u> </u>	tho (we) lost
	obove (I) (we	(did not	view the body of	ter death.		(OUT) OPINION C	deorn occurred on the	dote ond hour of	22¢ DATE	
10	226 SIGNATURE	V 0	110	7	DEGREE	ATTENDING .	MEDICAL _ SI	AFF _	A A O	SIGNED
	dalah	Rever	ough NO	5	22e. ADD	PHYSICIAN	DIRECTOR PHY		102-d	5-03
	274 PHYSICIAN'S	. 3 (U t		1 O 1 1	11.11 04	BILV	1 2100		
	Lalah	Newb			الما	Wall St	, vallo, r	12 2123	0	
23a. l	BURIAL, CREMATION	. 1	Dec. 28	1-04	ME OF CEMETERY	· .	23d. LOCATION	c	OUNTY	STATE
		iial	Dec.20	,1903 40	eenmount	(emetery	Bustouru		Mary	Land
M	UNERAL DIRECTOR	renal H	ome. 130	E. F19996 A.	ie Balto	TOP I'DE	271983	AR 256 REGISTRA	K S SIEN (theely
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DHMH - 16 50M 4/82 (VRA 15, 4)

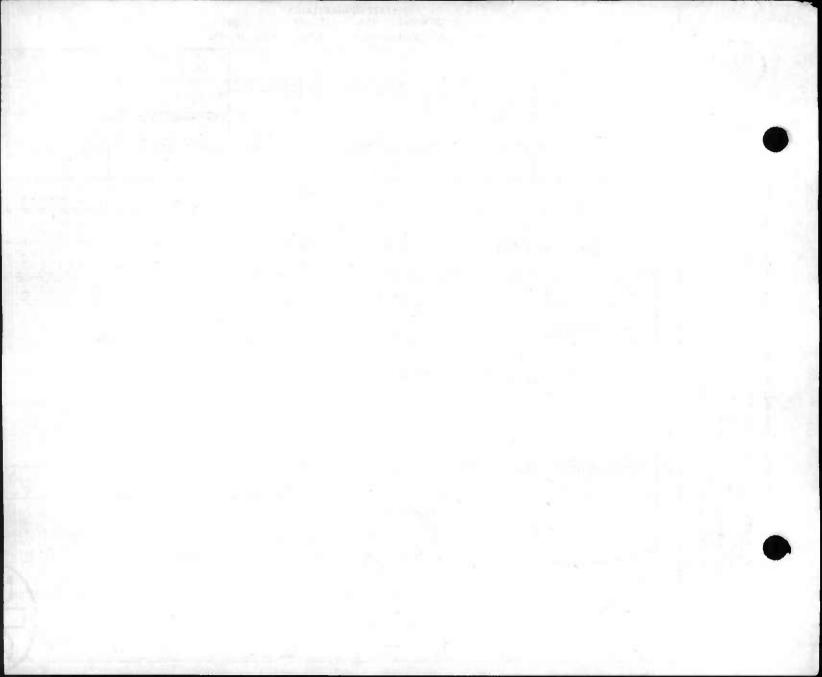


BP DHMH - 17 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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4	1. DEC	CEASED NAM	AE FIRST		WIDDLE		LAST	2o. DAT		MONTH	OAY	YEAR	2b HOUR
П	(TYPE	E OR PRINT)	Kenne	th	D	Po	ono	OF DEAT	ESTI-	12	6 19	83	
1	3. SEX		14 RACE	S DATE OF BIRTH	R.		ONE IDER 1 YR. HE UNDER :			MONTH	DAY	YEAR	2d HOUR
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	-	THER'S NAM					15. MOTHER'S MAIDE		WIDDLE				
Ø		Ollie	3	MIDDLE	Boone		Fidell	ia	WIDDIE	S	tev		o n
7		VAS DECEASE	DEVER IN U.S. ARA		166 SOCIAL SECURIT	YNO.	17. INFORMANT	14	ADDRESS				ve.
1	(YE	ES, NO, OR UNKN	OWN) (IF YES, GIVE)	WAR OR DATES)	214-38-	9130	Betty Le	verett	2535	Park	He		
1		18 CAUSE O	OF DEATH (Enter onl	y one couse per line f			1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -				APPR	OXIMATE	INTERVAL
Н			EATH WAS CAUSED	BY:		hosis	of liver				BETWEE	N ONSET	AND DEATH
П		57	15 IMMEDIAL	DUE TO, OR A	S A CONSEQUENCE								
- 1			ons, if ony, which	1									
П			ise to immediate	DUE TO, OR A	S A CONSEQUENCE	OF							
j	1	lying co	use lost.			0.					15		
		PART 2 DIHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IL NOT RELATED TO THE TERM	HNAL DISEAS	E OR CONDITION GIVEN IN PAR	The					
	NO				TO THE TERM	THE DISCAS	L OK CONDITION DITCH IN TAK	110					
7	MEDICAL CERTIFICATION	19a. DATE O	FOPERATION	196 CONDITION	ON FOR WHICH OPER	NOITAS	AS PERFORMED?				20 AU1	OPSY?	
4	IF										YES		NO X
7	E		AL CAUSE WAS	21b. TIME OF			OW INJURY OCCURRED	D (ENTER NATURE OF	INJURY IN ITEM 18 P.	ART 1 OR PART	2)		
2	AL.	UNDERLYIN	G GOR ING CAUSE OF D		MONTH DAY YEA	K							
	EDIC	21d INJURY		THE PLACE OF	FINJURY INTRONE.		CATION						
	¥	WHILE AT WORK	ON TON TON] SIMPLEACIO	RT, FARM, ETC.)	1	STREET	CITY OR	TOWN	COUN	ITY		STATE
		220 1	1.0	agaif the remains de A	Adahamakaldaa	Autop	sy . Inspection	- Inches	ry. X onc				
		death resul		ועז ו		cide	Homicide .	Undetermined		in my apir	non		
		death resul	red from		Accident , sc	rcide	TITLE (SPECIFY)	Underermined	monner,				
		ACTUAL SIGNATURE	1/4	Maria	/ mue	^	Deputy Ch	ief	AAAINIED	DATE	12	16/8	33
7		SIGNATURE	-/		1	1	<u>-</u>	MEDICAL EX	AMINEK	SIGNED			
7		EXAMINER'S	NAME Th	iomas D. Sr	mith, M.D.	7	ADDRESS 111 H	Penn St.		Balte	O., M	D.	
	23a, BL	JRIAL CREMA	ATION REMOVAL 2	3b DATE	23c. NAME OF CE			23d LOCATION	٧	COUNT	,		
	(5)	BURIA	AL	12/12/83	Arbutu	s Me	morial Pk	Arbu	tus,	COOM	1	M	ď.
	24. FL	JNERAL DIRE		ADDRESS	i	117		EC'D. BY REGIST	RAR 256 REGIS	TRAR'S SIC	SNATUR	E O	1
	Wn	n C Ma	arch F/H	Inc. 11	01 E Nor	th A	ve. DEC	8 1983	man.	wo of	LECIA	wy	10.0



	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO		17	9
		CEASED NAME FIRST Clares		DDLE	Boo	ze, Sr.	December	15,	1983	26. HOUR
	3. SE)	Male	4 RACE Blac	ck	5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) MD TY OR TOWN OF DEATH	76 CITIZEN OF W	USA	WIDOWE	R OTHER INSTITUTION	Baltimo	re Ci	ty 12b. KIND O	MI F BUSINESS OR
25	13a. S	Baltimore AL RESIDENCE (IF NURSING HOME COUNTY) STATE MD 13b. COU	OR OTHER INSTITUTION, G	FACILITY, GIVE STREET BOONE S IVE RESIDENCE BEFORE 13, CITY OR TOWN Baltim	E ADMISSION)	13d. INSIDE CITY LIMITS? YES A NO	13% STREET ADDRESS 2629 Boo			18
N	14. FA	Joseph		Booze		15. MOTHER'S MAIDEN NA Georgia	MIDDLE		Hill LAS	ī
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	DIE WAR OR DATES	212-10-		Clarence E	Booze, Jr.		Boone	e St.
	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) _C DUE TO, OR	AS A CONSEQUE	ENCE OF	estum NOT RELATED TO THE TER/	MIN AL DISEASE OR CON	DITION GIVE	EN IN PART 110	o'
29	CAL CERTIFICATION	OPERATION 30 11 ALCEL I WAS UNDERLYING OR CONTRIBUTING 1 CAUSE OF D	21b. TIME OF HOUR A.N	INJURYU MONTH D	ect	N WAS PERFORMED 21c. HOW INJURY OCCUP	200 AUTOPSY? YES NO PRED (ENTER NATURE OF INJU	IN CERTIFY YES		
	MEDICAL	21d. INJURY OCCURRED WHILE NO! WHILE ALWORK 22c. I certify that (I) (this has sow the deceased alignment obove, (I) (we) (did) (did)	pital) attended the	deceosed from	<i>~</i>)	21f. LOCATION STREET , 19 and that in (my) (our) opinion	city ORTC	1		that (I) (we) las
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	itter death.	N	DEGREE ATTENDING PHYSICIAN 220 ADDRESS East	NEDICAL STA	CIAN 🗌	22c. DATE //2-	15-83
1	23a.	F.C. Cagui BURIAL, CREMATION, REMOVA (SPECIFY) Burial				EMETERY OR CREMATORY t'l Mem. Pl	23d. LOCATION		COUNTY	MD STATE

BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

IMPORTANT: If Item 21 is morked or Item 18 shows ony

(VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY Md. Nat'l Mem. Pk.

23d LOCATION
CITY OF TOWN

Laurel

STATE MD

E. C. March F/H 1101 North Ave

BY REGISTRAR 256. REGISTRAR'S SIGNATURE
6 1983 Can

di ,

Congress ind recars in . Frank Cox

è	-	FOR
ı	-	STATE
		DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	0	1	3	11
	line	1		

REGISTRAR			CERTIF	ICATE OF I	EATH	REG. N	10.		
1 DECEASED NAME	Lennox	J.	Воо	ze		December		1983 \	2b. HOUR
Male	4 RA	Black	5 DATE C		YEAR 06	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE COUNTRY) Marylan CITY OR TOWN OF	d	ITIZEN OF WHAT COUNT USA	MARRIE		AARRIED	Baltimore city	re C	ity	MI
Baltimor	e 20	NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE S 16 Whitti	er Ave:		TITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST			F BUSINESS OR
MD	13b COUNTY	INSTITUTION GIVE RESIDENCE B 13c CITY OR 1 Balt.		13d INSIDE C	№ □	13e STREET ADDRESS 2016 Wh	ittie	r Aver	nue 212
Jose		Booz		G	eorgia	a) DDDLE		Hi	.1
160 WAS DECEASED E (YES NO OR UNKNOWN		OR DATES)	SECURITY NO. $4-0836$	Naom		ADDR		ark He	Te: eights
PART 2 OTHER:		OITIONS CONTRIBUTING				INAL DISEASE OR CON	20b. IF YES	S, WERE FINDIN	IGS USED
H L						YES NO	IN CERTIF	YING CAUSES	OF DEATH?
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH P.M. Te PLACE OF INJURY	DAY YEAR	21c HOW IN		RED (ENTER NATURE OF INJU	IRY IN ITEM 18 F	PART I OR PART 2)	
Ment NO		AT HOME STREET, FACTORY OFF	FICE, FARM, ETC)	STREET		CITY OR FO	NWO	COUNTY	STATE
sow the dec	ed d olive on	ttended the deceosed from the body ofter death.		d that in (my)	(our) opinion o	deoth occurred on the d	ote and hou		that (I) (we) lost couses stated
22b. SIGNATURE	Man	sam	A 1			MEDICAL STA	FF CIAN []	22c DATE	SIGNED
	Saunder	s, M.D.	11.5	- TOPRES					
230 BURIAL, CREMATIC BURIAL		12/17/83	Arbuti			Arbutu	S	COUNTY	Md.STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

Wm. March F/H 1101 E. North Ave.

250 DATEREC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

5	TA	TE	OF	M.	ARY	AN	D
•	18		VI.	LAST	301	P WIA	

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

		STATE REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
15		OR PRINT! OSEPH	MIDDLE	BORCHARDT	20 DATE OF DEATH MONTH	1983 10°
	3. SE)	MALE	WHITE	5. DATE OF BIRTH MONTH DAY VEAR 22 26	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A
35	9	RTHPLACE ISTATE ORFOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COL	BALTIMORE
34	10. CI	BALTI MORE	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION. EECADORESS LURS HOSP17.	17ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK A4 LABORE R	176. KIND OF BUSINESS INDUSTRY
20	13a. S	AL RESIDENCE (IF NURSING HOME OF			3065 MAD	ERIA STREET
300	14 FA	CHRISTIANO	POOLE BORCHA	ROT 15. MOTHER'S MAIDEN N	NAME MIDDLE	McNutty
medical	16a V		RMED FORCES? 16b. SOCIAL SE		SELINSKL BAL	06 S. MADERIA
ant, the		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), ED BY:	ond (c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
omatic e	ď	1541 Conditions, if ony, which	DUE TO, OR AS A CONTE	6	metin,	on neon
ather tre		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COMSTO	selection the	etinter	ory ruin
nlury, or	NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT REVATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART ITO
, Sound	CERTIFICATI	190 DATE OF OPERATION	ONDITION FOR WHI	CHOPERATION WAS PERFORMED	200 AUTOPSY? 200 C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
18 m	ICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1	DAV YEAR 21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
ked or It	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	ZIE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mor			italy are ded the deceased from	/1/	on death occurred on the date one	that (I) (we)
# #ea		228. SIGNATURE	of) view the bod, after death.	DEGREE ML/) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MPORTANT		22d. PHYSICIAN'S NAME (TYPE C	PRINT Y S. R.	122. ADDRESS	retor St 14	1 2M 212
¥-	23e B	URIAL, CREMATION, REMOVAL	12/19/1983 N	NAME OF CEMETERY OF CREMATOR	CITY OBTOWN	CITTA MADIA DIA
		INERAL DIRECTOR PELFUNERAL HOME	11 . 11 . 100 14		IL CHUINGE	SIIVE FIRM CITE POPUL

Starte All A Harry TOTAL CONTRACTOR STATE OF THE S BANKS TO SEE THE CONTRACT OF THE SECRET VICE TO SERVICE The last transfer that a selection of

in.	FOR			ST DEPARTMENT O	ATE OF M	ARYLAND AND MENTAL H	YGENE	3 2	182
1-	STATE REGISTRAR		MEI		NER'S C	ERTIFICATE O		REG. NO.	
	CEASED NAME	FIRST		WIDDLE		LAST	OF	ESTI-	ONTH DAY YEAR 26 HOU
3 SE)	11.0	Walter	Hom DATE OF BIRTH			orck IDER 1 YR. TIF UNDER			12 3119 83 A
0		hite	MONTH DAY	YEAR LAST BIRT			24 HRS. 2t. DA' MIN PRONOL DE	JNCED	12 3119 83 5:25
70. B	IRTHPLACE ISTATE		b. CITIZEN OF WH		1.	ED XNEVER MARRII	9 BALTI	MORE CITY OR CO	OUNTY OF DEATH
12 0	hio		U.S.	Α.	WIDOW			altimore	City, M
E800	Baltinor		JIF NOT IN SUCH FAI	PITAL, NURSING HO ENITY, GIVE STREET ADDRES Glyndon 1	5)	ER INSTITUTION	FOR MOST OF W	UPATION (TYPE OF W ORKING LIFE) Operat	OR INDUSTRY
35 USU/ 130, S M	AL RESIDENCE (IF IN TATE d.	13b. COUNTY	OTHER INSTITUTION, GIV	Baltimo	re	13d. INSIDE CITY LIMITS? YESZEX NO	13e STREET ADD	RESS Glyndon	Ave. (21223)
	harles		MIDDLE	Borck		15. MOTHER'S MAIDE FIRST Mary	N NAME	MIDDLE	LAST
0 14- 1	WAS DECEASED EV ES, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	16b. SOCIAL SECUR		17. INFORMANT		ADDRESS	10 \
NOISION	Yes	Korea		301-24- for (a), (b), and (c).)	3232	Shirley	Borck	(same a	S 13e)
ED AS A BURIAL TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL CREMATION, OR REMOVAL.	gave rise (cause (a) stat lying cause lo	of any, which to immediate thing the under-	(b)	AS A CONSEQUENC	E OF	ardiovascu		256	
ON SEA									
TO BURNAL L CERTIFICATI	19a DATE OF OPI	ERATION	196 CONDIT	ION FOR WHICH OF	PERATION W	'AS PERFORMED?			20 AUTOPSY? YES □ NO [X]
2 / 2	210. EXTERNAL C. UNDERLYING CONTRIBUTING	OR	- Warren	INJURY . MONTH DAY YE		DW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PART I	OR PART 2)
21201 PRIO		URRED OT WHILE T WORK		DET. FARM, ETC.)		CATION	CITY OR	IOWN	COUNTY STATE
AFIEK DEATH, WITH THE SIX	734. I certify the death resulted for ACTUAL SIGNATURE EXAMINER'S NA/	th	May	Smith, I	Suicide D	Homicide Title (SPECIFY) Deputy Ch	Undetermined	manner	DATE 1/1/84 MD.
230 B	URIAL, CREMATION			23c. NAME OF C	CEMETERY O	R CREMATORY	123d LOCATION		COUNTY A.A Md.

24 FUNERAL DIRECTOR Balto., Md. 21225
George J. Gonce F. H. 4001 Ritchie Hwy.

DHMH - 17 (VR A15 ME (5)) 20M 4/82 (ESSIS) est as 12 post

a partie of a the Africa and earlies of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ш	REGISTRAR		CE	KITFICATE OF DEATH	REG. NO	٥.		
	DECEASED NAME FIRST TYPE OR PRINT!		ANN	BORUCH	20. DATE OF DEATH DECEMBER	MONTH DAY	YEAR 1983	26 HOUR P
-					6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
13.	SEX	4. RACE		ATE OF BIRTH MONTH DAY YEAR			THS DAYS	HOURS MIN.
1	Female	Caucasia		ay 18, 1962	21	YRS.		
70	BIRTHPLACE (STATE ORFOREIGN Pennsylvania	76. CITIZEN OF W	M	ARRIED NEVER MARRIED	BALTIMO			MD.
10	BALTIMORE		SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES OHNS HOPK	OME OR OTHER INSTITUTION SSI INS HOSPITA	L 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Dietary Air	F WORKING LIFE)	INDUSTRY	of BUSINESS OR
I	SUAL RESIDENCE (IF NURS OF ME O STATE OUI Penna. Lawre	VIY 1	ve residence before admis 34. CITY OR TOWN New Castle	13d. INSIDE CITY LIMITS	R.D. 6, I		H (16	101)
1	FATHER'S NAME FIRST Raymond	WIDDLE	Boruch	15. MOTHER'S MAIDEN PIRST Donna	Lee		Kui	
16	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	66 SOCIAL SECURITY		step-father) DRE	SS		
L	No	2	11-50-8326	Kennith Wh	nite Same as	3 13		
r	18 CAUSE OF DEATH (Enter o	nly one cause per li	ne far (a), (b), and (c).)	- 1			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
П	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	ardiac	arrest			min	utel
П	2169		AS A CONSEQUENCE	OF A				
L	Canditians, if ony, which	(b) I	uters to to	al pnessin	ronitis			
1.	gave rise to immediate cause (a), stating the	(0)		·	TO T			
L	underlying couse last.	DUE TO, OR	AS A CONSEQUENCE	OF				
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH	H BUT NOT RELATED TO THE T	FRMINAL DISEASE OR CON	DITION GIVEN	IN PART 1:	q
13								
Central anda	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
1					YES TI NOT	IN CERTIFYIN		NO []
1	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJUI			
-		Ain	MONTH DAY	YEAR				
I VOIGO	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 21e PLACE OI	INJURY	21f. LOCATION				
1			T, FACTORY, OFFICE, FARM E		CITY OR TO	WN	COUNTY	STATE
r	AT WORK AT WORK	5 B o 1 Late	1 14	11-11 10 1	17 . 17	101 10	83	1
П	22a. I certify that (I) (this hosp saw the deceased alive or		deceased from	and that in (my) (our) only	nian death occurred an the de	ate and hour a		that (1) (we) last
ı	above, (I) (we) (did) (did no 22b. SIGNATURE	at) view the body of	ter death.	DEGREE			22¢ DATE	
L	Dan	1/ Hz	dad	MAN ATTENDIN			13 3	711-83
1	PHYSICIAN'S NAME (TYPE	OR PILIT)	a a a	PHYSICIA 22e ADDRESS 60			ALTO.	MD.
	IAMAN	T 44	NAN	TOHAK +	HAPPINIS IL	TPIT	21	21205
22	Burial, Cremation, REMOVAL	123b DATE	122, 514445	OF CEMETERY OR CREMATO	DRY 123d LOCATION	2111	11-	
13	Burial/Removal	Dec. 1383		Herman Cem.	CITY OR TOWN New	lippe astle.	Fenn	wn.ship,

DHMH - 16 50M 4/83 (VRA 15, 4)

TO PUNERAL DIRECTOR.

24 FUNERAL DIRECTOR

Capitol Funeral Service Falls Church, Va.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SENATORE

the state of the s .A.O.T CONTRACTOR OF THE PROPERTY OF

The state of the s

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

CERTIFICATE OF DEATH	REG. N				
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR

KEOIS	IRAK						REG. N	Ο.				
1. DECEASED			MIDDLE	L	AST	20. DATE OF	DEATH	MONTH	DAY	YEAR	Zb. HOL	JR
(TYPE OR PRINT)	ALEX	ANDER	Α.	В	OSTON			12	02 8	3	4:	15P
3. SEX		I. RACE		5. DATE C		6 AGE INY	EARS LAST UN	THDAY)	#F UNDER		HOURS	R 24 HRS
Ma	ale	В	lack	7	5 08		7 5	YRS		DATS	HOURS	print,
		b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMO	RE CITY O	R COUN	TY OF DEA	ATH		
Mary	land	U.S	. A .	WIDOWE		BAL	BALTIMORE CITY					MD.
		I. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION S HOSPITAL	12a USUAL C				IND O	F BUSINI	
	TIMORE				5 HUSPITAL							
USUAL RESID	DENCE 115 NURSING HOME OR (13c. CITY OR TOW		136. INSIDE CITY LIMITS	? 13e STREET A	ADDRESS .	ZIP CO	DE			
Mary	land		Baltimo	ore	YES K NO		Bro	adw	ay :	212	31	
14 FATHER'S		UDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE			LAS	ī	
	ram		Boston		Elizab	eth			В	ost	ton	
	CEASED EVER IN U.S. ARA		166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	ESS	IIIIs I.			
YES		WAR OR DATES)	219-05	-823	Florence	Cummir	ngs :	1714	Bro	adv	vay	
18 CAR	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), (APPROXI	MATE INTE	RVAL DEATH
PAF	RT I. DEATH WAS CAUSED	BY:			MARKU I	a me st	-			151	dis	
1 1	1850 IMMEDIATE CAUSE 10) Cardiopulmonary arrest											- 1
	Canditions, if ony, which (b) Stage D prostatic carcinoma C									9.	100	
gave	Canditions, if ony, which stage D prostatic carcinoma c								10	1	1	
	gove rise to immediate couse lost, stoling the DUE TO, OR AS A CONSEQUENCE OF dissemble from to adrenals, pleur underlying couse lost,								ieure.	100,	-L	
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.											
	2_OTHER SIGNIFICANT O	ONDITIONS CC	DNIKIBUTING TO L	DEATH BUT	NOT RELATED TO THE IT	ERMINAL DISEASI	EORCON	DITION	SIVEN IN P.	AKI IIC	D.	
190. DA	TE OF OPERATION	TIBL COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	DPSY?	20h IF Y	ES, WERE	FINDIN	IGS LISE	D
S IVO. DA	TE OF OPERATION	148 COND	IIION FOR WITHCH	OFERATIO	IN WAS FERFORMED		20	IN CER	TIFYING C	AUSES	OF DEA	TH?
- E		AN THE O	F INTUINA		Tal. Now Bulling occ		YES NO YES				NO [
	CIDENT WAS UNDERLYING THE	HOUR A.	M. MONTH DA	YEAR	ZIE HOW INJURY OCC	LUKKED (ENTERNA	TURE OF INJU	RY IN ITEM I	8 PARI I ORP	ART 2)		
S (IF EIT	HER, NOTIFY MEDICAL EXAMINER)	Р.		19								
9	JURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC 1	211 LOCATION		CITY OR TO)WN	COU	NIY		STATE
AT WORK												
220.1 c	ertify that (1) this hospit			11	128 19 2	53_, to	12/	2	. 19_3	3	tho (1) ((we) lost
so	w the deceased alive an ave (1) (we) did (did not	12/3	ofter death	ه , د	nd that in (my) (aur) apin	ian deoth accurre	d an the d	ate and h	our and fro	om the	causes st	oted
	GNATURE				DEGREE	1			220	DATE	SIGNED	,
	Ruch	lower		M	ATTENDING PHYSICIAN		STA PHYSIC		1	12/	7/	83
77 d. PR	YSICIAN'S NAME (TYPE OF	PRINT)		-	22e ADDRESS							
7	BRUCE (7. Ko	NE		Johns	HOPICI	NS	Ho	SPIT	AL		
23m. BURIAI	CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATO	RY 23d, LOCA	ATION					
	JRIAL	12/7	1 1		son Forest	VA 8	JIng S	s Mi	11s.	Y	Md	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and another for use as the hundritonal permit. Then please remove carbanapap

IMPORTANT: If Hem 21 is marked or Hem 18 sho

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the haspital

24 FUNERAL DIRECTOR CAMMarch F/H Inc. 1101 E North Avenue

Owings

Mills, Md. Me 5 ger & and a chief

STATE OF MARYLAND

DEPARTM

BOWERS, Jr.

10

MARRIED NEVER MARRIED

5 DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Maryland General Hospital

Arbutus

Bowers

16h SOCIAL SECURITY NO

705-09-3989

ENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	DTI	FICATE	OF	DEATH	

REG. NO 20. DATE OF DEATH MONTH December 19, 1983

> IF UNDER 1 YEAR IF UNDER 24 HRS

2b HOUR

12:45

87 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

126 KIND OF BUSINESS OR INDUSTRY B & O Railroad

12a USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE! Clerk

ADDRESS

6 AGE (IN YEARS LAST BIRTHDAY)

21227

13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1142 Gloria Avenue NO TX 15. MOTHER'S MAIDEN NAME

> MIDDLE Catharine

Mundy

17. INFORMANT

1896

DIVORCED

Calvin L. Bowers

2 Briarfield Ct.

18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Acute Pancreatitis, with fat necrosis and acites IMMEDIATE CAUSE (a)

OR AS A CONSEQUENCE OF

Congestive heart failure with severe hepatic congestion

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196, CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION December 7, 1988

H.

White

U.S.A.

Th. CITIZEN OF WHAT COUNTRY?

Carcinoma of the Stomach

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO YES X NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

CITY OF TOWN

December

COUNTY STATE

12a I certify that XX this haspital) attended the deceased from November 29 December 19 sow the deceased alive an December 19 above XI) (we) (did) (dixXX view the body after death

Ames Carlton, M.D.

83

DEGREE

and that in (Ky) (our) opinion death occurred on the date and have and from the causes stated

22c DATE SIGNED

12/21/83

22h SIGNATURE 274 PHYSICIAN'S NAME (TYPE OR PRINT)

12/22/83

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

ATTENDING

c/o Maryland General Hospital

MEDICAL

23h. DATE 23a BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

Baltimore

Maryland

24 FUNERAL DIRECTOR

FOR

- STATE REGISTRAR

TYPE OR PRINTI

COUNTRY

Maryland

14. FATHER'S NAME

3. SEX

DECEASED NAME

Male

D. CITY OR TOWN OF DEATH

Baltimore

Martin

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying cause last.

21d INJURY OCCURRED

NOT WHILE

Maryland

To BIRTHPLACE (STATE OR FOREIGN

FIRST

Martin

4. RACE

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 130. CITY OR TOWN

Baltimore

MIDDLE

(IF YES, GIVE WAR OR DATES)

Η.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23d LOCATION

0 à Hygier Hygier 00 al-tr Mental be deta e State [d b shour this

CERTIFICATION

page 3

DHMH - 16 50M 4/B2 (VRA 15. 4)

83 12:42	esculver 19, 20	NUKE, Tr.	01	es i i in	5.9
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	of Jode Jose	10 ac	rinopa of th		ייי בכי די פּד
12/21/s? **	of Jode Jose	stores	rinosa of ta 'nv er 19		LECET OF XX

3331 Brehms Lane, Balto., Md.

Item 2lathru 22a

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

Cotton Mills

APPROXIMATE INTERVAL

30 minute

22c. DATE SIGNED

HOSPITAL

DEC

21213

11:05AM

IF UNDER 24 HRS

1983

IF UNDER 1 YEAR

are the first of the first one 200 - 100 - 100 - 100 Jan 200 - 100

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3	3218/
			MCIA E.	BOWMAN S. DATE OF BIRTH		
h .	/	F	BL	5 8 46	37	YRS DAYS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED		City MD.
000		ON TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE GIPEET	NG HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPATION OF THE OF WORK FOR MOST O	
and some	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	YES NO TO	1318 N	ZIP CODE 21217 CAROY ST
X X	14 FA	THER'S NAME FIRST	MIDDLE LAST	RY FRAN	1100111	ionis
medicale		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166, SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	
ent, the r		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), on	nd (c).)	20VIII.02	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
motic ev		5728	DUE TO OR AS A CONSEQUE			
or other trau		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE			
injury, or	NOI	PART 2. OTHER SIGNIFICANT	COHBULDRA		1 Rosste	PHILVRE
ows only	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
18 E		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH D		CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
ked or the	MEDICAL	214. INJURY OCCURED WHILE NOI WHILE AT WORK	21e. PLACE OF INTURY (AT HOME STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TO	WN COUNTY STATE
l is mor		22e.I certify that (I) (this hasp	ital) attended the deceased from 19	NOU 27 , 19 8		ote and hour and from the couses stated
MPORTANT: If Item 21		22b. SIGNATURE	on view the body after death.	DEGREE ATTENDING PHYSICIAN	G MEDICAL STA	
PORTAN		224 PHYSICIAN'S NAME (TYPE	ERENCE Me	Muller do L	Ivid. Hosp.	, BACT. MD.
<u>×</u>		BURIAL, CREMATION, REMOVAL (SPECKY) BURIAL		NAME OF CEMETERY OF CREMATO	CITY OR TOWN	ore, Md.
4/83		UNERAL DIRECTOR		North AVenue	DATE REC'D. BY REGISTRAR	256 AGGISTRAR'S SIGNATURE John J. Cohilf

DHMH - 16 50M 4/83 (VRA 15, 4)

TE PORTUGIA E SOUMAND IT IS 53-04 25 MD CEA A BALL CITY DATE TO WALL TO THE MD CHET X 1318 W CHENY ST WILLIAM HENRY FRANCES (SENIES White the second of the second Zizg>Z PER TONITIS ? DOWNER FAILURE senere conservational street beam Exernes 83/8/1 - Virther 100 - 1 1 TORDICE Mi Mulled GO Und Hosp , BAC Hb.

the attending physician and campletely remove carbon papers. Pages 1 and 2 sh

should be detached for use as the burial-transi with the State Dept. of Health and Mental Hygi

TO FUNERAL DIRECTOR:

TO HOSPITAL OR etoined by the

GORY

3	1.	FOR - STATE REGISTRAR	DEPARTM		ARTLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3	5 2	2	3 3
		CEASED NAME EARL	MOSES	BOY	. JR.	29. DATE OF DEATH DECEMBER	12.19	Y YEAR	26. HOUR 4:53P/
噶	3. SE	MALE	BLACK	5. DATE O	F BIRTH 4 DAY 82	6 AGE (IN YEARS LAST BIR	YRS. Z	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
2	BA	IRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O	CITY	7	M
No.	BA	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HOI OTHER INSTITUTION, GIVE RESIDENCE BEFORE	PKINS	HOSPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
a series	13a. S	STATE 136. COUP			134 INSIDE CITY LIMITS? YES NO 1	3907 SPRI	NGDAL	E AVE	<i>>0 </i>
V	E	ARL M	OSES BOYD,	JR.	JOYCE 17. INFORMANT	MIDDLE	<u> </u>	INFIE	
the medical			VE WAR OR DATES)	KIII NO.		ELD 3907			AVE.
event,	ă	PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), and D BY: TE CAUSE (a)	1412	Septh			BETWEEN	MATE INTERVAL DINSET AND DEATH
injury, or other troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	Mary	Arrest	E / /	- 1	,	wh
	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	,
hows ony	CERTIFICATION	12/5/83	198. CONDITION FOR WHICH	Fores	yer booley	200 AUTOPSY? YES NO	IN CERTIFYI YES	WERE FINDIN NG CAUSES	
Hem 18 3	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INTURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T OR PART 2)	
morked or	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is		sow the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from		d that in (my) (our) opinion d	eoth occurred on the do	ate and hour o	nd from the	
NT: # #em		27b. SIGNATURE	Ex fina		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAN (\$	22c. DATE	2/83
MPORTANT: #	4	JOHN GORDO		139	600N.WOLFE	ST. BALT	O. MD	212	05

12/16/83 ARBUTUS MEM. PK. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DHMH - 16 50M 4/B2 DYETT & SON F. HADDRESS INC. 4600 (VRA 15, 4)

BALTO. MD

STATE

M 40 314 72

CALLERY PETER DESCRIPTION

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Sarah sarah sarah sarah

ditte or

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AND A LOUIS CONTRACT COST ONLY CHARGE OF TRAVE TO YOUR L

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.9 PAGE 8 SHOULD BE FORWARMINER ALONG WITH FOSH PROFILE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES 1. AFTER CEATH, WITH THE STATE DEPARAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF HEALTH AND MENTAL HYGIENE, DIVISION OF HEALTH AND MENTAL HYGIENE, DIVISION OF HEALTH WORLD. OR REMOVAL.

STATE OF MARYLAND

] - :	FOR STATE REGISTRAR			DICAL EXAMIN						NO.	į.	5 7	
		CEASED NAME OR PRINT)	ROY	Bren	MIDDLE	В	oyd			20. DATE KNOWN OF ESTI- DEATH MATED			YEAR 19 83	26 HOU
	I, SEX	(4. RACE	S. DATE OF BIRTH	6. AGE (IN YE.	ARS IF UN	VDER 1 YR.	IF UNDE		2c. DATE	MÖNI	H DAY	YEAR	2d. HOU
d	M f	ALE	WHITE	MARCH 18			HS DAYS	HOURS	MIN.	PRONOUNCED DE AD	12	2-23	19.83	3:27
Э	70. BI	RTHPLACE (S		76. CITIZEN OF WH		8	15 D 4 D 15	VED MAD	nire 🗆	9. BALTIMORE CIT				<u> </u>
1		REIGN COUNTRY)		U.S.A		WIDOV	IED X NE	DIVOR		Baltimor	e Cit	-v.		441
T		TY OR TOWN		11. NAME OF HOSE	PITAL, NURSING HOME				12a USI	UAL OCCUPATION		4.	HLEHE	STANESS
Į,		Baltim		4901 Bria	arclift Roa		alley			MOST OF WORKING LIFE)		STE		14.
0	1 3 0 51		136 COUNT		E RESIDENCE BEFORE ADMISSIN 13c. CITY OR TOWN BALTIMO		13d INSIDE O	ITY LIMITS?		REET ADDRESS	IFT F	ROAD	21229)
	14. FA	THER'S NAM		MIDDLE	LAST		15. MOTH	ER'S MAIL	DEN NAME	MIDDLE			LAST	
n		ROY	1	ANDREW	BOYD			NEL	LIE		FLAH	ARTY		
	160 V	VAS DECEASE	D EVER IN U.S. ARM		166. SOCIAL SECURIT	Y NO.	17 INFOR	MANT		ADDR	ESS			
П	() .	YES	(11 123, 0112 11	AR OR DATES	220-14-39	43	ANTO	DINET	TE BO	YD 4901 B	RIARC	LIFT	ROAL	
П		18. CAUSE C	OF DEATH (Enter only EATH WAS CAUSED	one couse per line	for (o), (b), and (c).)						_		APPROXIMATE	
- N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		gove r couse (o lying co		(b) DUE TO, OR A	as a consequence (OF ,								
	NOIL				UT NOT RELATED TO THE TERM				'ART 1 (6).	18 111				
	TIFICA	IVO. DATE O	FOPERATION	196 CONDIT	6 CONDITION FOR WHICH OPERATION WAS PERFORMED?					(r	nead (only)		
1	MEDICAL CERTIFICATION	UNDERLY INC	ING CAUSE OF D		INJURY MONTH DAY YEAR		OW INJURY	OCCURR	RED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART I OR	(PART 2)		1
	MEDI	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)		STREET	X		CITY OR TOWN		COUNTY	-0	STATE
2		22a I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	ify that I took charge ted from Nature Nature NAME Der	nnis F. Sr	Justi, M.D.	Autop	Homi TITLE (S ASS	istan	Under	Inquiry Itermined monner DICAL EXAMINER Enn Street			2-24-8	83
	230 BI	URIAL, CREMA	ATION, REMOVAL 23	b DATE	23c NAME OF CE	METERY C	R CREMAT	ORY	23d LC	OCATION OR TOWN	C	OUNTY	ST	ATE
		BURI	AL 1	2/28/83	LORRAI	NE P	ARK CE			WOODLAWN			RYLAND)
	ĽEF	ROYE M	& RUSSELL	C. WIJZK	KE FUNERAL	HOME	5				EGISTRAR'	SSIGNA	TURE	1
	16:	30 FDM	NDSON AVE	NUE BALTI	MORE MD. 2	1228		DEC	128	1983 /	my	Je W	my	6

BP_ **DHMH** - 17 (VR A15 ME (5)) 20M 4/82

28.46 The English of the Control of

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician. tor, page 3 ofter death

3. 5

160

MEDICAL CERTIFICATION

230. BURIAL CREMATION, REMOVAL

may be

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
ECEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR	R 2b. HOUR
JA	MES	BRADLEY		12 08 83	9:2517
X	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS
MALE	BLACK	06 03 03	80	O YRS.	HOURS MIN.
IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OF		1
endorn.la	. U.S.H.	WIDOWED DIVORCED	_ 2017/44	ORE CIT	Y MD.
TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	128. USHAL OCCUPATIO	WOKING LIFE) 12b. KIN WOKING LIFE) INDUST	ID OF BUSINESS OR
AL DESIDENCE (15 NIJBSING NOME	OF OTHER INICTITIONS GIVE BE SIDENCE BEES	PTOSIO.	reire	d l	21217
Prylam 136 CO	OR OTHER INSTITUTION, GIVE RESPONCE BEFO UNITY OR TO	MOTO YES NO D	7 13. STREET ADDRESS	m Cullo	hSt
ATHER'S NAME	MIDDLE A AH	15. MOTHER'S MAIDEN	NAME	11:11	Insi or
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	RITY NO. 17. INFORMANT	ADDRES	S	212.17
	GIVE WAR OR DATES)	-1841 Miss BAR	barn Beadley	2333/14	Culloh 5
18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause per line for (a), (b),	and (c).)	0	APP BETW	ROXIMATE INTERVAL
	TATE CAUSE (0)RES	PIRATURY ARRE	ST		10 MINUTE
0329	DUE TO, OR AS A CONSEC				C DAUG
Conditions, if any, which	(b)	GEO ACUIT	E RENAL FAILL	((c)-	G DAYS
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	SEPSIS			10 DAYS
PART 2. OTHER SIGNIFICAN		O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR COND	ITION GIVEN IN PAR	T 1(0.
ASCVD	; choops DIABE	TES : SEIZURES	, GRADE I de	cabitus.	
190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES T	
2 In. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY		
OR CONTRIBUTING CAUSE OF					
(IF EITHER NOTIFY MEDICAL EXAMIT	P.M. 21e. PLACE OF INJURY	211 LOCATION	A 14		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOW	IN COUNTY	STATE
	spital) attended the deceased from		3 10 12/	8 19 83	_, that (I) we ast
saw the deceased alive above ((1)(we) (did) (did	on 12/8 19 not) view the body after death.	83 , and that in (my) (our) opin	ion death accurred on the da	te and haur and from	the couses stoted
226 SIGNATURE	1 1	DEGREE			ATE SIGNED
	ws Martz /1.	ATTENDING PHYSICIAN	MEDICAL STAF	AN X 1	2/08/83
22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	224 ADDRESS			
DOMAIN	AS C. MARTZ =	TR SINAL	, HUSPITAL	OF BALT	MORE

231. DIAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Y and 2 should the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical

injury, ar ather traumatic event, the

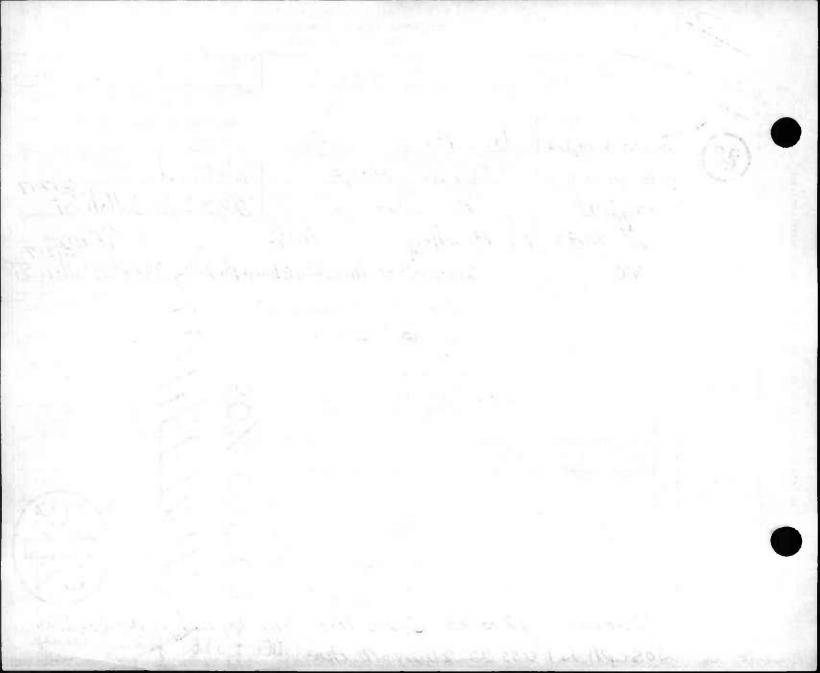
MPORTANT: If Hem 21 is marked or Hem 18 shaws any

(VRA 15, 4)

236. DATE

236 LOCATION

2



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execu-

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

1.	FOR STATE		T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	SIENE O O	021	7 1
	REGISTRAR		ENTIFICATE OF DEATH	REG. NO		
	CEASED NAME FIRST	7 BR	Adley	20. DATE OF DEATH	MONTH DAY YEAR 2- 23-83	735 AM
3. SE	emale i	uhite 5.1	B-23 1890	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YES MONTHS DAY YRS	
70. B	RYHPLACE (STATE OR FOREIGN 7b.		MARRIED NEVER MARRIED	RALTIMORE CITY OF	RECOUNTY OF DEATH	TY MD.
10 C	ATTIMARE 1	. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI	OME OR OTHER INSTITUTION	128 USUAL OCCUPATION	ON 12b. KIND F WORKING LIFE) INDUSTR	OF BUSINESS OR
	AL RESIDENCE (IF NURSING HOME OR OTH STATE		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	ASAYETTE	201 e Ave
14 FA	ATHER'S NAME PIRST PAMIR MIDI	BPACLE!	15 MOTHER'S MAIDEN NA	ME MINORINA	un) m	off over the
	VAS DECEASED EVER IN U.S. ARMEI YES, NO OR INKNOWN) (IF YES, GIVE W.		NO. 17 INFORMANT 314 ANY 6 85	TER PO	SS RETURNED 185	m
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		ted myse	ardial I	Marchen	ON ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	elewtre Can	Liousseu	lan	198019
	gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	E OF			
NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART	1(o)
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
	210. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPART 2	7)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,		CITY OF TO	wn COUNTY	STATE
	270 I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) v	DC. 23 19 8	2, and that in (my) (our) apinion	death occurred on the do	23 19 8.3 ate and hour and from t	, that (I) (we) last he couses stated
	22h SIGNATURE		DEGREE		22, DA	TE SIGNED

TYPE OR DENT

230 BURIAL, CREMATION, REMOVAL

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

(SPECIFY BUR)
24 FUNERAL DIRECTOR

DEC 2 7 1983

DHMH - 16 50M 4/B2 (VRA 15, 4)

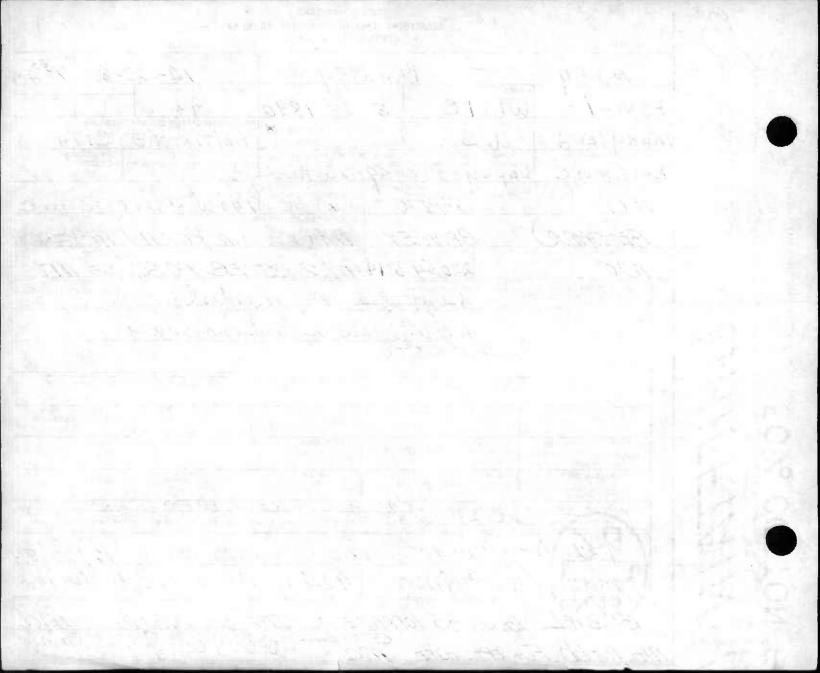
by the funeral director, page 3

medicol

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

deoth. Poge 4 may be



STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	W.	Siren.	0	4	- 6

ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
Į.	DECEASED NAME FIRST		^	AŠT	2a DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
L	DOROTI	44 1	1. B	RAGER	12	10 83 YA M			
1	SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN			
	FEMALE	Cauca		10 1010	65 YRS	MONTHS DATS THOUSE MAIN			
7	O. BIRTHPLACEARTY CAPAGE	1	WHAT COUNTRY? 8 MARRIEI	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH			
L	BALTIMORE		S.A. WIDOWE	D DIVORCED	BALTIMORE C	ZETY MD.			
	BALT, MORE	LEY!	HOSPITAL, NURSING HOME OF THE FACILITY, GIVE STATES ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPEAFBORAFFORYWORKING LII TECHNICIAN	126. KIND OF BUSINESS OF INDUS SCIENTIFIC RESEARCH			
I	JSUAL RESIDENCE (IF NURSING HOME OF 3a STATE 13b COUT MARYLAND			YESXX NO 🗆	13e STREET ADDRESS 111 W. CENTRE S'	Г. 21201			
14	4. FATHER'S NAME FIRST A.	STANLEY	BRAGER	15 MOTHER'S MAIDEN NAM FIRST READA	MIDDLE L.	LEOPOLD			
1	60 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	16b SOCIAL SECURITY NO. 216-18-9898	MR. STANLEY I	ADDRESS BRAGER 14 HALCYO	N CT. 21208			
r	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per	and the second second	A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \(\text{\tint{\text{\tilit{\til\text{\tex{\tex			
	00.000100100100100100000000000000000000	AID	M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, F	PART 1 OR PART 2}			
	OR COUNTRIOTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY LEET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
l	22a.t certify that (1) this hosp sow the decased alive or above (4) (we) (did) (did no	1 1 1.	. 1 .	nd that in (my) out opinion o	to 12/10.	19			
	226. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/10/83			
	22d. PHYSICIAN'S NAME (TYPE O	AROU	N	220 ADDRESS Levindale	Geriatric Center	Balto 21215			
l	30 BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 12/10/	83 BALTIM	EMETERY OR CREMATORY HEBREW DRE CEM	23d. LOCATION CITY OR TOWN BALTIMORE	COUNTY STATE MARYLAND			
2	4 FUNERAL DIRECTOR SOL LI 6010 REISTERSTOW	EVINSON N RD. BA	& BROS., INC. LTIMORE, MARYLA	DE	REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE			

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

injury, or other froumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

	s offer debut. Page 4 may	by the function of the siled with a 72 court feet
N SI., BALIIMORE, MAKTLAND ZI.	certificate be executed within 24 hau	ing physicion and campletely filled in orbanpapers. Pages 1 and 2 shauld be or removal.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAKTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter and the retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the future is should be detached for use as the busial-transit permit. Then please remove corban popers. Pages 1 and 2 should be filed with a with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.
0	TO HOSPITAL OR ATTER	TO FUNERAL DIRECTOR

1	TYPE OR	ASED NAME FIRST AUGU	ISTUS MIDDLE	BRAILSI	GRD		12 15 83	26 HO
)	SEX	Male	Black	S. DATE OF BIRTH	19	6. AGE (IN YEARS LAST BIR	YRS DAYS	IF UNDE HOURS
8//	COL	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER A	VORCED [Baltimo		5
138	Ba	or town of death		RYLAND HOS		120 USUAL OCCUPATI		NO.
	SUAL 30. STA		TOTHER INSTITUTION, GIVE RESIDENCE BEINTY OR, T	O YES T	NO 🗆	13e.STREET ADDRESS	ZIP CODE sterstow	de
Box	FATH	ENSNAME	Re Brail	ford Ma	S MAIDEN NA	WE	Laws	5-
aedi:		S DECEASED EVER IN U.S. AR	VE WAR OR DATES)	6-5326 Shill	INT Bre	related :	2263 Beiste	rol
or removol.	18	PART I. DEATH WAS CAUSE	TE CAUSE (o)	seive es	San	ou ratio	APPROXIM BETWEEN OF	ATE INTE
r other troumo	1	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF AS A CONSECTION OF THE CONSE	others a	ster	or a Ryll	alius min	the
y injury, or	N N	Previous 1	conditions contributing the	pluded o	iorta	9/21/83	DITION GIVEN IN PART 110	1/8
Piene price	TIFIC	12/15/83	to control	CH OPERATION WAS PERFO	tion,	YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	GS USE OF DEA NO [
100		G. ACCIDENT WAS UNDERLYING C PRONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	JURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
srked or	<u> </u>	MHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC.) 211 LOCATIO STREET	ON	CITY OR TO	WN COUNTY	
Dept. of Healt If Item 21 is mo		Ra. I certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (Bid) did no Rb. SIGNATURE	ital) attended the deceosed fro 12 1 5 15 It view the body after death.	DEGREE	our opinion	death occurred on the de	ote and hour and from the co	
MPORTANT:	2:	SAMIM M	T. CHALA	22e ADDRES	PHYSICIAN [outh Gree	2 1	2
3 ₹ 7	3a. BUF	RIAL, CREMATION, REMOVAL	236. DATE 2	TO NAME OF CEMETERY OR	CREMATORY	23d. LOCATION	To decourse	M



STATE OF MARYLAND

5	2	9	do

FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST (TYPE OR PRINT) Edwar	A A	Brannon Jr.	12 DATE OF DEATH MONTH DAY YEAR 126. HOUR
3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH DAY Oct. 17, 1915	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Va	76. CITIZEN OF WHAT COUNTY	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto. Ho city & MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (# NOT IN SUCH FACILITY, GIVE STI Mercy Hosp.	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING FE) Copy Man 126. KIND OF BÜS INESS OR INDUSTRY Newspaper
USUAL RESIDENCE (IF NURSING HOME 130, STATE		OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 524 N. Charles St.
14. FATHER'S NAME FIRST Edward	A. Brannon	15 MOTHER'S MAIDEN N. FIRST I'ma	AME CONEY LAST
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL S	ECURITY NO. 17. INFORMANT 373 Mrs.Lynne B.	
PART I. DEATH WAS CAU	only one couse per line for (o), (b) SED BY: IATE CAUSE (o)	fic enceptop	APPROXIMATE RITERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF CITHOSIS	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

i	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
				YES 🔼	NO	YES 🗌	NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED) (ENTER N	ATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)		

CERTIFICATION MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 210. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) this hospital attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (I) (was (did) (did not) view the body after death. 22c. DATE SIGNED SIGNATURE DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF 22d. PHYSICIAN'S NAME 22. ADDRESS

23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, REMOVAL 23b. DATE

Machplelah Dec5 1983 Cem Burial

DUE TO, OR AS A CONSEQUENCE OF

Weston

COUNTY

STATE

DHMH - 16 50M 4/82

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nding physicion ond completely filled in by the funeral direct corbonpapers. Pages 1 and 2 should be filed within 72 hours o

signed by the ottending physicion

other troumotic event, the medicol exom

and Mental Hygiene prior to burial, cremation, or removal

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morked or Hem 18 shows

IMPORTANT: If them 21 is

mit. Then please injury, or

FUNERAL DIRECTOR: After this certificate has been should be detoched for use as the buriof-transit per with the State Dept. of Health and Mental Hygiene

hospitol or ottending physicion.

retoined by the TO HOSPITAL

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PHYSICIAN: The

OR ATTENDING

death. Poge

(VRA 15, 4)

[SPECIFY]

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G. Traman Schwab 5151 Balto. National Pike Balto. Md. 21229

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intelligible to the later of th

O. Trumen Schurb Elfl Felto. Tettonel Picel

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

FEMALE 7a BIRTHPLACE

FOREIGN COUNTRY)

14. FATHER'S NAME

NO 18.

MEDICAL CERTIFICATION

FIRST HANS

OMAS

ID. CITY OR TOWN OF DEATH

Baltimore

SEX

ANGEL

BLACK

4. RACE

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER II

160 WAS DECEASED EVER IN U.S. ARMED FOI (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR D.

Conditions, if any, gove rise

ta

cause (a) stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT

CAUSE OF DEATH (Enter only one co PART I DEATH WAS CAUSED BY

immediate

136 COUNTY

		ATE OF MARYLAND	45		21 0		
	MEDICAL EXAMI	F HEALTH AND MENTA	AL HYGIENE FOF DEAT	ų v	3 2	1 7	2
FIRST	MIDDLE AMI	LAST		DATE KNOWN	N MONIH	DAY YEAR	2b HOUR
IGEL	C.	Brawner		OF ESTI- DEATH MATED		15 19 83	
ACK 4	TE OF BIRTH YEAR LAST REAL	MYEARS IF UNDER LYR. IF UNDAY) MONTHS DAYS HOURS	NDER 24 HRS 2c.	DATE RONOUNCED DEAD	монтн 12	15 ₁₉ 83	5.49P
	ISLAND	8. MARRIED XXNEVER MA	ARRIED 7	Baltimoreco	ore City		MD.
H 11. N/	AME OF HOSPITAL, NURSING HOLE FROT IN SUCH FACILITY, GIVE STREET ADDRESS 103 Old Frederic	55)		L OCCUPATION ST OF WORKING LIFE)	(TYPE OF WORK	12b. KIND OF E OR INDUS	BUSINESS
SING HOME OR OTHER	RINSTITUTION, GIVE RESIDENCE BEFORE ADMI	13d. INSIDE CITY LIMIT YES X NO		13°0°555	FREDER	RICK A	IVE.
MIDDL	<u> </u>	15. MOTHER'S M. CLARIC		WIDDLE		ENDER	
N U.S. ARMED FO (IF YES, GIVE WAR OR I		RITY NO. 17. INFORMANT ROBERT	BRAWNE	R 4103		FREDER	RICRD.
S CAUSED BY: IMMEDIATE CAU which mmediate	cause per line for (a), (b), and (c).) JSE (a) Cranio cereb DUE TO, OR AS A CONSEQUENC (b) DUE TO, OR AS A CONSEQUENC (c)	E OF					ATE INTERVAL
CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OB CONDITION GIVEN	IN PART 1 (0)				
ION	198. CONDITION FOR WHICH OP					20 AUTOPS	
E WAS R AUSE OF DEATH		83 Subject as			M 18 PART 1 OR PAR	T2)	
ED VHILE X DRK	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) home	STREET	rederick	Rd, Bal	lto. Cit		STATE
ook charge of the	ses . Accident .	n Autopsy , Inspe		Inquiry ,	ond in my api	inión	

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	20 AUTOPSY?	
			YES X NO
210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	T2)
UNDERLYING OF DEATH	P.M. 12 15 19 83	Subject assaulted	
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	21f. LOCATION	L. Barrier
WHILE NOT WHILE X	street, factory, farm, etc.) home	4103 Old Frederick Rd, Balto. Cit	
220 I certify that I took charge of th	e remains described above, held on	Autopsy X, Inspection . Inquiry . ond in my api	nión
death resulted fram: Najural coa	ses . Accident Soice	Homicide X Undetermined manner ,	
10	0 4	TITLE (SPECIFY)	
ACTUAL SIGNATURE	NAM / Mu	1 Deputy ChiefMEDICALEXAMINER SIGNER	12/16/83

EXAMINER'S NAME

(TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

Balto., MD.

23a BURIAL, CREMATION, REMOVAL 23b. DATE WWSTERN **′83** CEM BURIA

Thomas D. Smith, M.D.

23d. LOCATION CITY OR TOWN

COUNTY VIRGIN SLAND

24 FUNERAL DIRECTOR NAME

ADDRESS Penn St.

ST. THOMAS

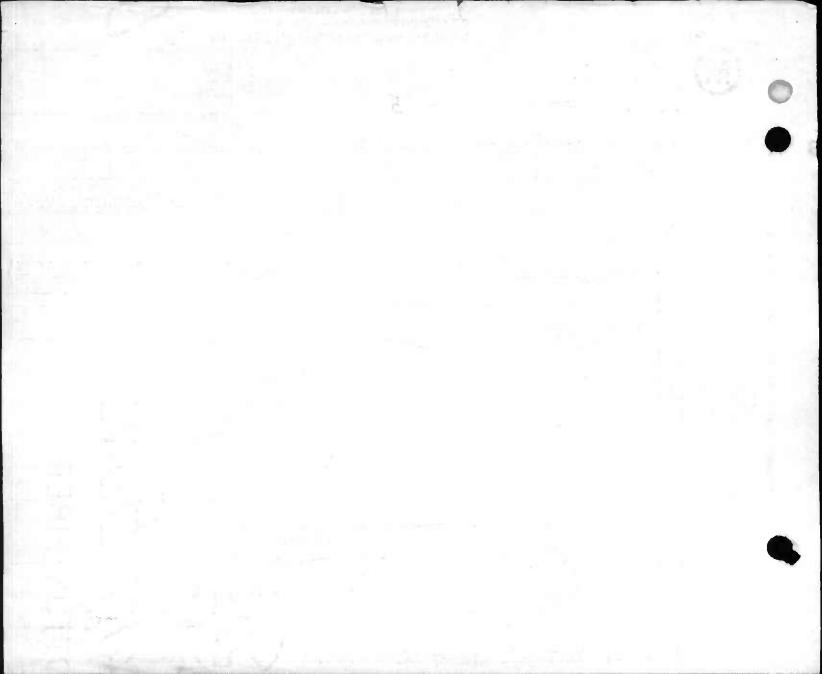
250. DATE REC'D. BY REGISTRAR 256 PT

DEC 1 9 1983 DEC

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP

ADDRESS 4600 FROY



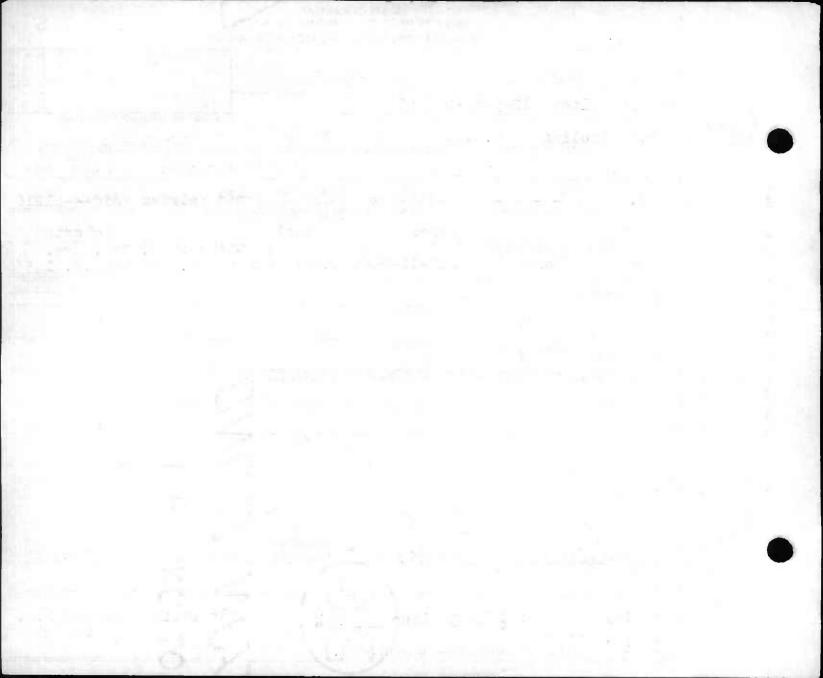
BP_ DHMH - 17 (VR A15 ME (5))

20M 4/82

FOR STATE REGISTRAR I. DECEASED NAME

MI		STATE MENT OF HE EXAMINER		D MENTAL	-		3 REG. N	2	-	y	6
	MIDDLE		Bright	t		2a. DATE OF DEATH	KNOWN X ESTI- X	5	4/8:	YEAR 39	26 HOUR
-3-1	YEAR	6. AGE (IN YEARS 14ST BIRTHDAY) 63 YRS.	IF UNDER 1		ER 24 HRS.	PRONOUS DEAL	NCED	12/	4/83	YEAR 319	84:490R P M
TIZEN OF WHAT COUNTRY? U.S.A. WIDOWED D NEVER MARRIED NEVER MARRIED WIDOWED D DIVORCED AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USL							ore city of timor	orcoun e Cit		EATH	MD.
NOT IN SUCH	FACILITY, GIVE S		R OTHER INS	TITUTION	EQR	OF MOST OF WORKING LIFE) HOMEMAKER USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) OWN HOME					RY
INSTITUTION,		OR.TOWN LTIMORE	13d. II YES	NSIDE CITY LIMITS?	, 4年(34 ADDR	irfa	x Ro	adu	e-2:	1216
George George				is. MOTHER'S MAIDEN NAME Ethel		- '	MIDDLE		Roberts		
DRCES?		-12-04		hel G	(moth	ner)6	29 ^{DR} S	. 9t rnon	h. N.	Ave Y.	10550
guse per li	ne for (a) (b)) and (c))									E INTERVAL

1	Ruth					Bri	ight			DEATH MA	TED	12/4	/839	M
	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN YE.	ARS IF UN	VDER 1 YR.	IF UNDER		2c. DATE	,	MONTH	DAY YEAR	84:490R
	Fe	male	Black	12-3-19	20 63 yr		HS DAYS	HOURS	MIN	DEAD	,	12/4	/839	Рм
N.		THPLACE (S	TATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8 MARR	IED NE	VER MARRI	ED 🗆	9. BALTIMORE	CITY OR	COUNTY	OF DEATH	
/	No	rth C	arolina	U.S.	Α.	WIDOW	VED X	DIVORC	Baltimore City				MD.	
0		Y OR TOWN		(IF NOT IN SUCH FAC	ITAL, NURSING HOME	, OR OTH	ier institu	TION	EQR /	JAL OCCUPATI MOST OF WORKING OMEMAK	LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY OWN HOME		
-	USUA	Baltimo L RESIDENCE			irfax Road	ON)				J O O			0 1122 221	
5	13a ST	Mā.	13b COUN		Baltimor	е	13d. INSIDE (NO 🗆	'中世C		rfax	Roa	due-2]	1216
d		THER'S NAMI	E	WIDDIE	George		Et	r's maide hel		MIDDLE		R	oberts	5
7	16a W	AS DECEASE	DEVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURIT	,				ner)629	PDRSS.	9th	. Ave.	
	(16	NO OR UNKNO	Nor	NAR OR DATES)	217-12-0	464	Ethe	1 Ge	orge	Mt.	Verr	non	N.Y.	10550
Ī				y one cause per line f	or (o), (b), and (c).)								APPROXIMATE BETWEEN ONSE	
1		PARTIDI	EATH WAS CAUSED IMMEDIAT	E CAUSE (a) Ca	rcinoma of	Lary	ynx							
		1619 DUE TO, OR AS A CONSEQUENCE OF												
			ins, if any, which ise to immediate	(b)										
-1		cause (a lying co) stating the <u>under-</u> use lost.	DUE TO, OR A	AS A CONSEQUENCE	OF								
	8			(c)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 To 1.												
_	OTT	19a DATE O	FOPERATION	196 CONDITI	ION FOR WHICH OPER	ATION W	AS PERFOR	RMED?					20 AUTOPSY	?
1	CERTIFICATION												YES 🗆	NO [X
7	ERT	21a EXTERN	AL CAUSE WAS	21b. TIME OF			OW INJURY	OCCURRE	DIENTER	NATURE OF INJURY	N ITEM 18 PAR	RT I OR PART		
5		UNDERLYING	G □ OR ING □ CAUSE OF I		MONTH DAY YEAR	`								
	MEDICAL	214 IN ILIRY	OCCURRED	21e PLACE O			CATION			CITY OR TOWN		NOO	179	STATE
	M	AT WORK	NOT WHILE D] STREET, FACTO	JRT, FARM, ETC.)		SINEEL			CITTORTOWN		CODE	*11	STATE
		22n Loart	ify that I took chara	e of the remains desc	ribed obove, held on	Autop	ssy [].	Inspectia	n X	Inquiry	and	in my opir	nian	
		death resul		al causes X.	/	icide	. Hami			termined manne		, , ,		
			10	1 2/	1	0	TITLE (S	SPECIFY)						
		ACTUAL SIGNATURE	Orece	20 11	Mently 12	WIN	A.D. Assi	istant	MED	ICAL EXAMINE	R	DATE	12/5	/83
2		EXAMINER'S	NAME		1									
-		(TYPE OR PR	INT)		Smyth, M.D		ADDRESS_			Penn S	St.,Ba	alto.	, Md.	21201
	23a.BL	Burial	ATION, REMOVAL 2	/ . /	23c. NAME OF CE			ORY	CITY	censbo	no	COUNT	ford h	TATE
				12/1/198	3 Piedmo	nt F	ark	250_DAJE		Y REGISTRAR				12
	F	lemin	Barnes g Funera	al Servi	ce-Benson	. Mo	d.	DEC	7	1983	Jour	~	9	



by the funeral directar, page 3 filed within 72 haurs after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	O	0	Chap.	1
	REG. NO.			

	CEASED NAME FIRST	MIDDLE	R. In 16 Co	10 01112 01 021111	MONTH DAY YEAR 26. H	10UR
	Pona	701	Brink SR		2-20-83) /
3. SE	X	4. RACE	S. DATE OF BIRTH MONTH DAY	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOUR	RS RS
	Male	W hite	9 14 31	J 2	YRS.	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY O	K COUNTY OF DEATH	
	Wisconsin	U.S.A.	WIDOWED DIVORCED		ON 126 KIND OF BUS	Th IF C
10. 0	2 // /	(IF NOT IN SUCH FACILITY, GIVE STRE		4 TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	
100	DAITCHTY	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	OSP COMISSIONI	Truck Driv	ver Mid West	M
	STATE 136 CON	NTY 131. CITY OR TO	OWN 134 INSIDE CITY LIMIT	S? 13e STREET ADDRESS /	ZIP CODE	12
	$mD \mid Bo$	attury Boll	YES NO []	1804 >pl	enest c	12
119, 157	ATHER'S NAME	MIDDLE	Enca	WIDDLE	LAST	
	Peter	L. Brink RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRE	Johnson	
	9.0	IVE WAR OR DATES)	~0			
	Yes Ko	rean 387-26-6	6940 / Lillian M	Brink San	ne as 13e	
	2396 Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	brain tume.			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	DUENCE OF YUME			
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	DUENCE OF HUMO	TERMINAL DISEASE OR CONC	DITION GIVEN IN PART 110	
ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	DUENCE OF YUME	TERMINAL DISEASE OR COND 200 AUTOPSY?	206. IF YES, WERE FINDINGS U	
TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	QUENCE OF HUME OF DEATH BUT NOT RELATED TO THE		20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remaye carbonpapers. Pages with the State Dept. af Health and Mental Hygiene prior ta burial, cremation, ar removal.

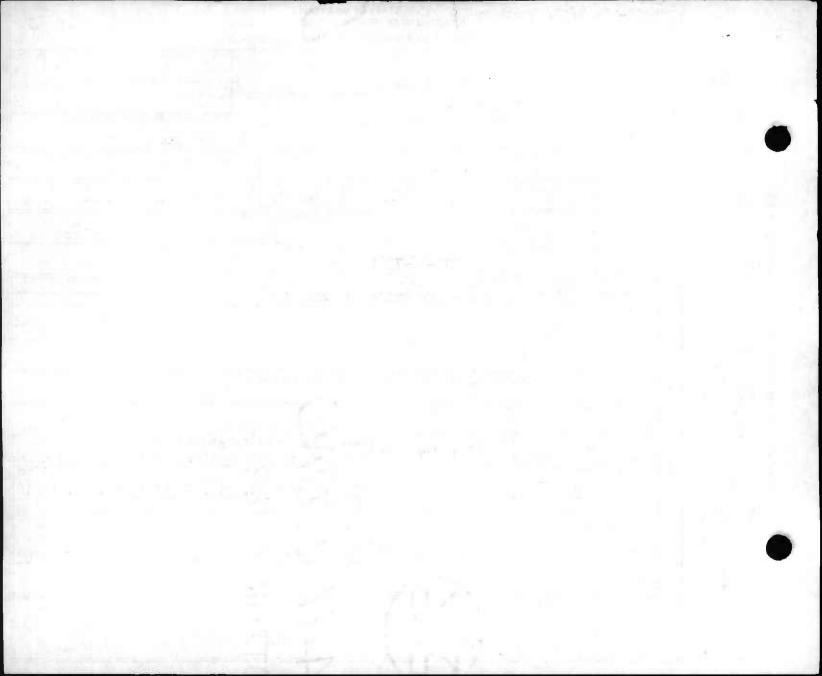
24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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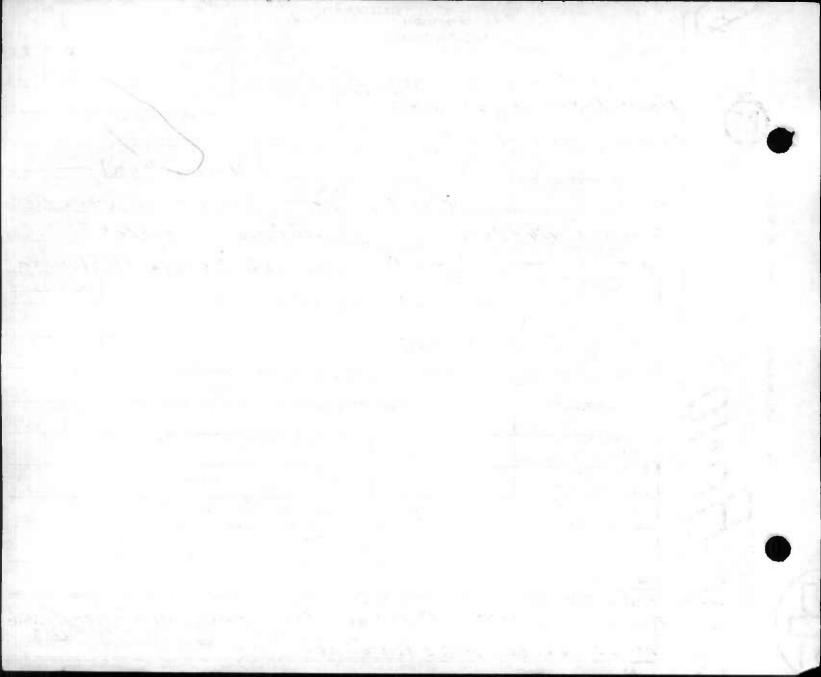
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20M 4/82

STATE OF MARYLAND



requires that the death certificate be executed within 24 havrs after death. Page 4 may be etained by the haspital or attending physician.

after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	3
CERTIFICATE OF DEATH		REG. N
		DEATH

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	CEASED NAME FIRST OR PRINT) Vin Con		WIDDLE	Bi	ocato	2a. DATE OF DEATH	MONTH DAY	YEAR 8.3	26 HOUR 4:00 PM
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230.	ASSECTION, REMOVAL	230. DATE	230.1	TAME OF C	LINETERT OR CREMATORY	CITY OR TOWN		COUNTY	STATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing should be detacked for use as the burial-transit permit. Then please remove carbonpapers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

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IMPORTANT: If them 21 is marked or them 18 that

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Mccully Funeral Homes

Homes 237 E. Patapsco Ave., DEC

Baltimore (ity. Maryland D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

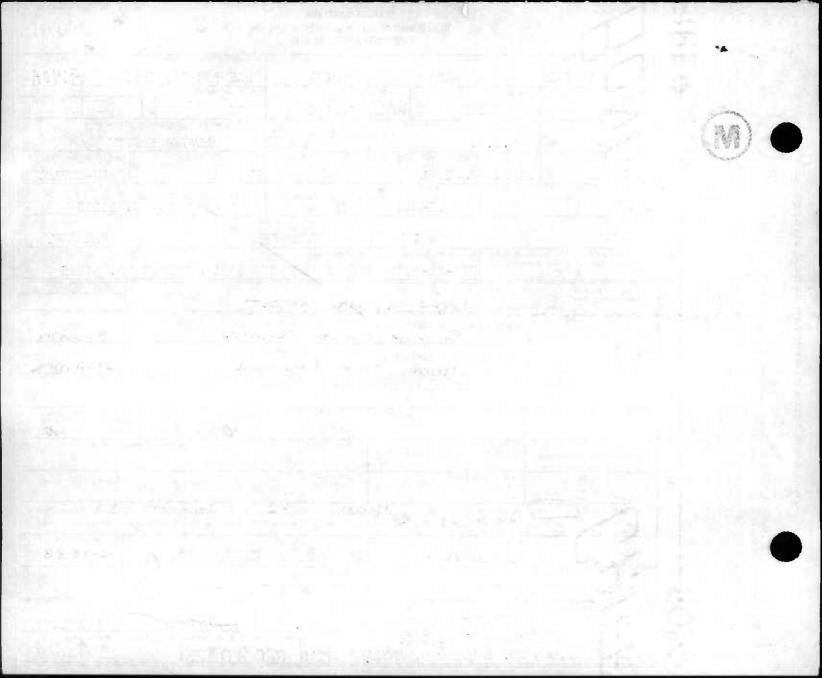
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REGISTRAR					REG. N			
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MARYLA	ND	U.S.A.	WIDOWEI	2414	BA LT:	IMORE	CITY	
BALTIMOR		NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE INAI HOSPITAL	ET ADDRESS)	R OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST WRITER	FION OF WORKING L	HE) INDUSTRY	EMPLO
SUAL RESIDENCE (# 130. STATE MARYLAND	NURSING HOME OR OTHE	ER INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO BALTIM	WN	13d. INSIDE CITY LIMITS? YES XX NO [13e STREET ADDRESS 3921 BANCE			.5
14. FATHER'S NAME LOUIS	S	BRODN	ICK	15. MOTHER'S MAIDEN NAME FLORENCE	E		BERN	HARDT
160 WAS DECEASED E			CURITY NO.	17. INFORMANT	ADDR	RESS		
TYES, NO OR UNKNOWN		219-52-	8201	LOUIS BRODNIC	CK 3921 BAN	NCROFT		
18 CAUSE OF D PART I. DE AT	EATH (Enter only of	ne cause per line for (0), (b), o	Pulme	NATO ARRE	_		BETWEEN	MATE INTERVAL ONSET AND DE
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gove rise to couse (o), s underlying country of the PART 2 OTHER	immediate stating the ouse last.	DUE TO, OR AS A CONSEQ	UENCE OF BY	NOT RELATED TO THE TERM	ma	20b. IF YE	21 /	non The
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DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR: After this certificate has be

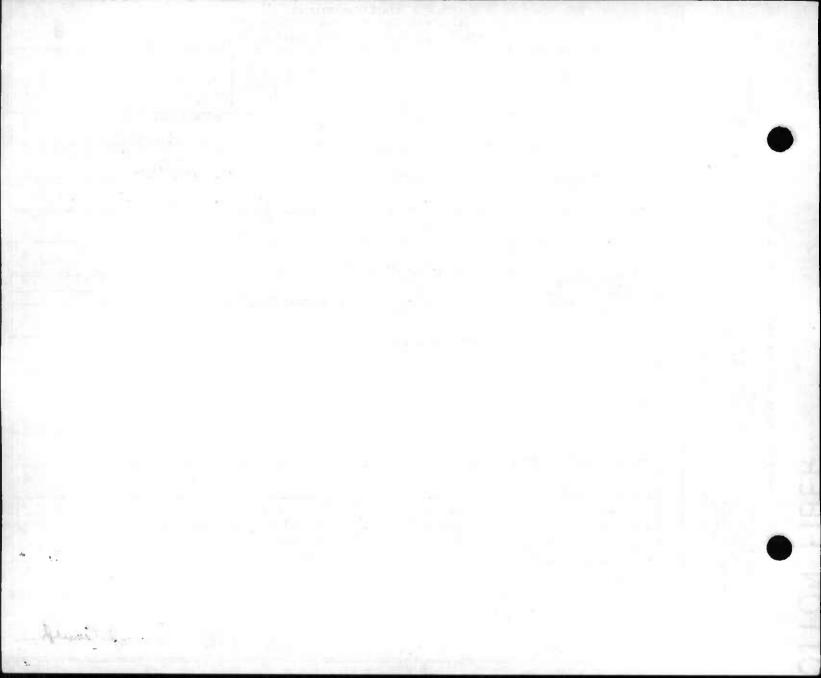


TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEST EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. Z. AND 3 TO THE FUNER PAGE S SHOULD BE RORWANDED TO THE CHIEF MEDICAL EXAMINER ALLONG WITH FORM TO THE PAGE S SHOULD BE USED AS A BUSINAL. TRANSIT PERMIT PAGES VAND Z SHOULD BE FULLD WITH AFTER DEPARTMENT OF WITH THE STATE DEPARTMENT, OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FECORDS, 2011 W. PETER DEATH, WITH THE STATE DEPARTMENT, OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FECORDS. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

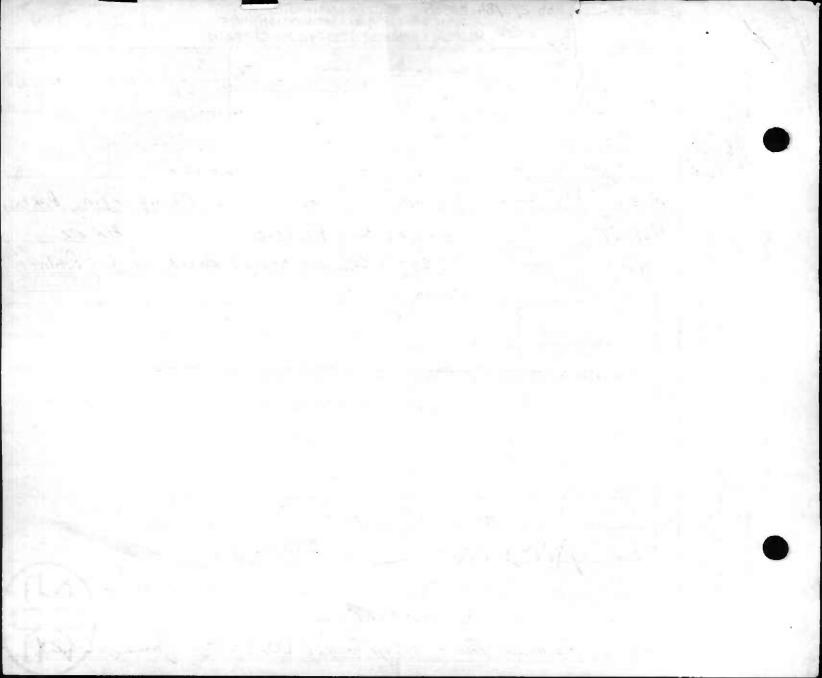
BP.

(VR A15 ME 20M 4/82

-	FOR		DEPART		F MARYLAND TH AND MENTAL	HYGIENE		
1.	STATE REGISTRAR				CERTIFICATE		REG. NO.	2 0 2
	ECEASED NAA	AE FIRST	WIDDLE		LAST	20. DATE KI	HINOW MONTH	DAY YEAR 26 H
1	TYPE OR PRINT]	Ralph	1	~	Brodrick	OF DEATH A	MATED X 12	1 1983
	Male	4. RACE Black	5 DATE OF BIRTH MONTH DAY YEAR 4 20 03	LAST BIRTHDAY) MG	UNDER 1 YR. IF UNDER	R 24 HRS 2C DATE MIN PRONOUNC DEAD	MONTH ED	3 1984 NO
	BIRTHPLACE (FOREIGN COUNTRY		76. CITIZEN OF WHAT COUN	TRY? 8. MA	RRIED X NEVER MARK	RIED 🔲	RECITY OR COUNT	TY OF DEATH
10. 0	CITY OR TOWN		11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVES 415 Edsdal	RSING HOME, OR C			ATION (TYPE OF WORK	126 KIND OF BUSINES OR INDUSTRY
	JAL RESIDENCE	E (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	- Last more and amount		3 ,	
13a	Md.	13b. COUNT	Bal	ORTOWN	13d. INSIDE CUY LIMITS?	13e STREET ADDRESS	s Isdale Roa	d 21229
14.	FATHER'S NAM	NE .		LAST	15. MOTHER'S MAID			LAST
	IYES, NO, OR UNKN	ED EVER IN U.S. ARM	VAR OR DATES)	IAL SECURITY NO.	17. INFORMANT		ADDRESS	
	Unkn.		y one couse per line far (o), (b)	07-3194				APPROXIMATE INTER
NO	lying co	a) stating the <u>under-</u> puse lost. SIGNIFICANT CONDITIONS <u>C</u>	DUE TO, OR AS A CON (c) ONTRIBUTING TO DEATH BUT NOT RELA		SEASE DR CONDITION GIVEN IN P	ART 8 (a).		
CERTIFICATION	19a DATE C	OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
AL CERT	210. EXTERN UNDERLYIN CONTRIBUT	IAL CAUSE WAS IG OR ING CAUSE OF D	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PAI	
MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WOR	21e PLACE OF INJURY STREET, FACTORY, FARM, E		LOCATION STREET	CITY OR TOWN	d COI	UNIY SI
7	22a I cer deoth resu ACTUAL SIGNATURE	tify that I took charge Ited from: Notice	of the remains describing about the second	yge Meld on A		Undetermined man	DATE NER SIGNE	1/3/84
23 a	EXAMINER': (TYPE OR PR	S NAME RINT)ATION, REMOVAL 23	Thomas D. S	mith, M.D	AUDRESS	Penn St.	Balto.,M	
	(SPECIEV)	moval	1/12/84		25a. DATE	REC'D. BY REGISTRAR		
	NAME		ADDRESS			1 1 3 1984		



10 -1		ems 18-225 mtb		DEPARTMENT OF		ARYLAND AND MENTA	AL HYGIEN	ES	3 2	2 2 0	13
10 %.	3	STATE REGISTRAR	ME	DICAL EXAMIN	IER'S C	ERTIFICAT	E OF DEA	TH	REG. NO.		
6		CEASED NAME FIRST E OR PRINT)		WIDDLE		AST		20 DATE KNO	MON X MONI	TH DAY YE	AR 25. HOUR
ELES AS	2 0 5 7	ROBERT	C DATE OF BIRTH	6. AGE (IN Y		OKS .	Jr.	DEATH MA	TED 12	9 19 8	
22 E E E E E E E E E E E E E E E E E E	3. SEX	m 4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE	MONTH		NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	1.0		7:14
対象の単版	7e. BI	RTHPLACE (STATE OR	76. CITIZEN OF WE		RS. 8.	D NEVER M			CITY OR COU	9 19 8	
	FO	REIGN COUNTRY)	2.5	T. A.	WIDOW		ORCED	Baltir	more Ci	tv	MD.
强(例)	19. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOM	E, OR OTHE	R INSTITUTION			ON (TYPE OF WOR		F BUSINESS USTRY
	N	Baltimore			d St.		1	A 60			75
MD. 21201 H. J. AND. 1. 2. AND. 22.5HOUD ITAURECOR	13e S	RESIDENCE (IF IN NURSING HOME O		13c. CITY OR TOWN		13d. INSIDE CITY LIMI YES NO		EET ADDRESS	ingru	Apin	RARKUM
The second second second	1	THER'S NAME FIRST ODER	MIDDLE	BROOKS	SR.	FIOSS	1	WIDDLE	,	HART	-
BALTIMORE RS AFTER DEA I. GWE PAGES WITH FORM, P. PAGES AN DIVISION OF P	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES)	220-50	14 NO. 0-2472	MR. R	obert		DDRESS	610 RA	dvor
PRESTON ST. VITHIN 24 HOL. ACIL IN ITEM 11 NER ALCONG NER ALCONG TAL HYGIENER REMOVAL.		Canditions, if any, which gove rise to immediate couse (a) stating the underlying cause lost.	(b)	eizure di AS A CONSEOUENCE AS A CONSEOUENCE	OF					BETWEEN C	NSET AND DEATH
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HALL SHOUNDED OF UNITAL	TIFIC									YES C	X NO [
ON OF V		216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEA		W INJURY OCC	URRED (ENTER M	HATURE OF INJURY R	N ITEM 18 PART 1 OR	R PART 2)	
DIVISI THIS CERT WARDED WARDED PAGE 3 SH TATE DEP	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET, FACT	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	ATION		CITY OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: THIS. EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		ACTUAL SIGNATURE	e of the remoins des	Accident , So	Autops:	Hamicide TITLE (SPECIF	ant_med	Inquiry Ermined monne	R SIG	TE 12-10	
TO A FEEC PAGE AFTE BALL	23e. Bl	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CE				CATION			
BP416	10	GECIFY)	12-15-8			m.	CITY	ORTOWN	- 149	OUNTY	STATE
DHMH - 17 (VR A15 ME (5))	B	PLATTS Fun	ens/ /Ho	me 1/29,	N. CAR	fine DI	EC 1 4	198 3	Sh REGISTRAR	2 Com	uf.



executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

	TATE	OF	MARY	LAP

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	3	2	2	U	4

REGISTRAR				CERTIFICATE OF DEATH			REG. NO.				
I. DECEASED NAME	FIRST	A	AIDDLE	()	AST		20. DATE OF DEATH		DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	ANNA	FI	IZABETH	RI	ROWN		200	12	16	83	4:45
3 SEX		I. RACE	TOMBLIL	5. DATE O			6. AGE (IN YEARS LAS	BRIHDAY)	IF UN	DER 1 YEAR	# UNDER 24 I
		1,1117	· Cr Pr	MONTH 08	1 2.	21	62	VII	MONIH	IS DAYS	HOURS
FEMALE 70. BIRTHPLACE (STATE	TE ON FOREIGN	WHI	WHAT COUNTRY?	2			9. BALTIMORE CIT	Y OR COU		DEATH	
COUNTRY)				MARRIE	D NEVER MA						
	MARYLAND U.			S.A. WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION				RE C		h KIND O	F BUSINESS
IU. CITT OR TOWN OF	DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MC	ST OF WORKIN	(G LIFE) IN	DUSTRY	
BALTIMO		3379 DULANY STREET, 21229 DIE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					SUPERV:	SOR	10		ERIA CHOOL
USUAL RESIDENCE (IF	F NURSING HOME OR O		13c. CITY OR TOW	(N	13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRE	SS / ZIP C	ODE	2	CHOOL
MARYLAND	-		BALTIMO	RE	424	40 🗌	3379 DUI	ANY	TREE	T, 2	1229
14. FATHER'S NAME		AIDDLE	LAST		15. MOTHER'S A		ME	E		LAS	T
WILLIAN		MIDDLE	SUMMER	S		ENCE					AMER
160 WAS DECEASED E	EVER IN U.S. ARM		166 SOCIAL SECU	JRITY NO.	17. INFORMAN	T	AC	DRESS			
NO OR UNKNOW	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES		TES)			RDUSKY 5652 BRAXFIELD RD. 212					
			line for you, (by on		THE P	, itort	1 305			APPROX	MATE INTERV
TAKT I DEA	TH WAS CAUSED	E CAUSE (o)	Carcio	(eci)	11770/	CANTRE	/		1000		
couse (o),		DUE TO, O	R AS A CONSEOUI	ENCE OF	LEGACY	ng-	areinem				
couse (o), underlying of	stating the couse last.	(c)_			NOT RELATED T	O THE TERM	INAL DISEASE OR C		GIVEN II	N PART 16	0,
couse (o), underlying of	stating the couse lost.	(c)ONDITIONS <u>CC</u>		DEATH BUT				OND IT KON	YES, WE	RE FINDI	NGS USED
couse (o), underlying of	stating the couse lost.	(c)ONDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT			NINAL DISEASE OR C	OND IT ION 20b. If IN CE	YES, WE	RE FINDI	
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DHMH - 16 50M 4/83

(VRA 15, 4) HUBBARD FUNERAL HOME.

FOR

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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

completely filled in by the funeral

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR - STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	REG. N	0 6	e disse feel		
1. DE	CEASED NAME	FIRST	MIDDLE	ı	AST	20. DATE OF DEATH		AY YEAR	26. HOUR	
{TYPE	E OR PRINT)	1 401 00	Edward	2.	rown . sr.		12 1	783	23	
3. SE		hARLCS 1. RACE	Edward	5. DATE C		6. AGE (IN YEARS LAST BIR	1	IF UNDER 1 YEAR	IF UNDER 24	
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70 81	IRTHPLACE (STATE OR FOR		F WHAT COUNTRY	12 8	19 02	9. BALTIMORE CITY C	YRS.	OF DEATH		
>	COUNTRY)	70. CITIZEN C	P WHAT COUNTRY	MARRIE	D NEVER MARRIED	7. BALTIMORE CITT	N COONT	O L		
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	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	13c. CHY DIVIO	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		2	171	
Ma	rvland	Frederick	Freder	ick	YES 🛣 NO 🗌	800 Mott	er Av	re.		
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST		
		unknown	*****		Nettie	В.		Brow	WIT .	
	WAS DECEASED EVER IN	U.S. ARMED FORCES		CURITY NO.	17. INFORMANT	ADDR	SS			
1	YES, NO OR UNKNOWN)	none	212-14	-6107	James T. B	rown	Chase	. MD		
		Enter only one cause p			Jamos 10 2	4	O		NATE INTERV	
	PART I. DEATH WAS	CAUSED BY:	rer time for tall (b), c	dia	01100	t		BETWEENO	NSET AND DE	
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	DUE TO, OR AS A CONSEQUENCE OF				5 1000 0	(1) ()	46	4 Source		
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	couse (o), stoting	the DUE TO.	OR AS A CONSEO	UENCE OF						
1	underlying couse lost. (c)									
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	19a. DATE OF OPERATIO	N Tigh CON	CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	WERE FINDIN	GSTISED		
5	198. DATE OF OPERATIO	110 001	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFY	ING CAUSES	OF DEATH	
E	A. ACCIDENTALIA (INIDER	WIND CO. AND THAT	OF INJURY		In. HOW INDUSTRICT	YES NO	YES		NO 🗌	
	21a. ACCIDENT WAS UNDER		A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)		
S	(IF EITHER, NOTIFY MEDICAL		P.M.	19						
MEDICAL	21d. INJURY OCCURRE	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE	E FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STA	
1	AT WORK NOT WHILE				1.	/		0-		
	27a.1 certify that (I) (this hospital) attended the deceased from 12/8 , 19/83 , to 12/17 , 19/13, that (II) (we									
	saw the deceased	olive on //	19.	13. or	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour	ond from the c	ouses state	
	226 SIGNATURE	A A	dy otter deotti.		DEGREE			22s: DATE S	BNED /	
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	BURIAL, CREMATION, RE		1000		EMETERY OR CREMATORY	neaghton or town		COUNTY	STA	
	Burial	12/20	0/83 8	t. Ja	mes Cemeter			Carrol	1 MD	
24. FL	UMERAL DIRECTOR	50 , -	1 Aprest	6.	250. DAT	RECID. BY REGISTRAR	25b. REGIO	RAR'S SIGNATU	JRE	
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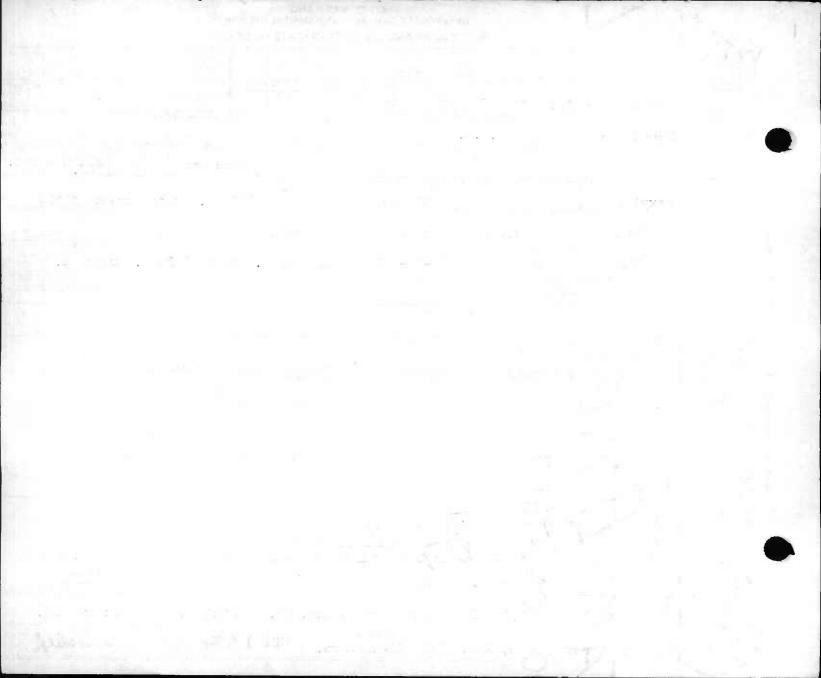
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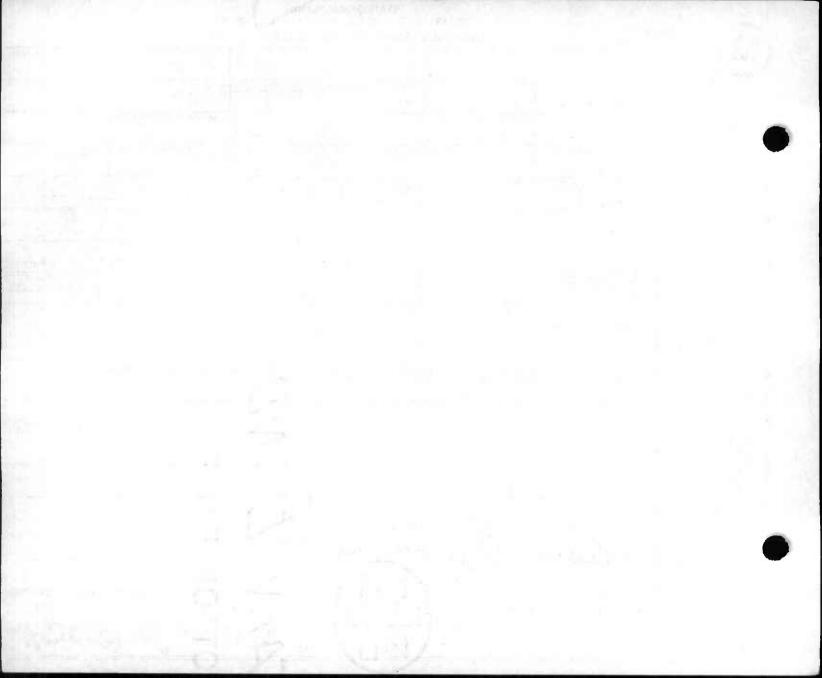
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbompopers-Pages-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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THE STREET STREE





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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24 FUNERAL DIRECTOR

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DIRECTOR:

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO MIDDLE 2a DATE OF DEATH I. DECEASED NAME YEAR 2b. HOUR (TYPE OR PRINT) NORMAN D. BROWN 83 4 5. DATE OF BIRTH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS MALE BLACK 10 19 37 46 70 BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDXXX MARYLAND US CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE 3623 LIBERTY HEIGHTS AVE. 21215 DISABLED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY BALTIMORE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND 1216 Mc CULLOH ST 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE BROWN JOHN NAOMI SEWELL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST JOHN BROWN 3623 LIBERTY HGTS. 21215 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY FRCINOM A70 SIS IMMEDIATE CAUSE A CONSEQUENCE OF OPHAGEA Conditions, if only, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse metaplasisa PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on. _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL STAFF MD PHYSICIAN P DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, RÉMOVAL (SPECIFY) BURIAL 23b. DATE 23d. LOCATION

ARBUTUS MEM. PK.

BALTIMORE

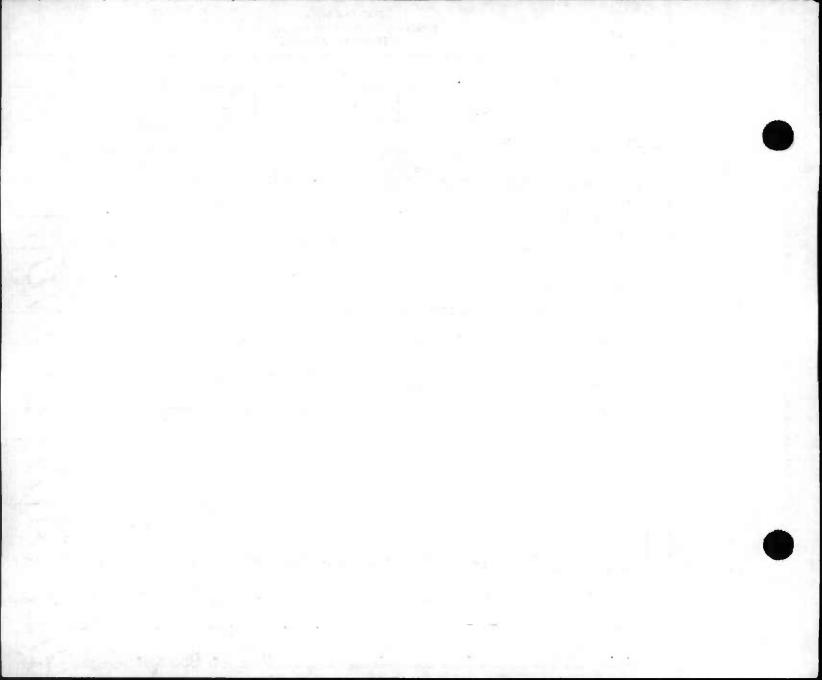
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MARYLAND

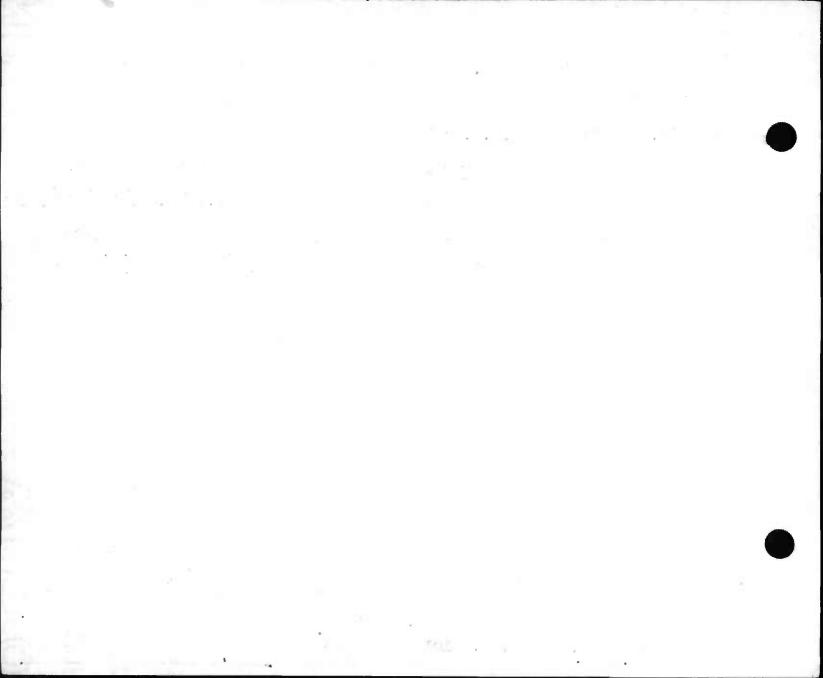
12-20-83

E.L. PHILLIPS 1721 N. MONROE ST.

DHMH - 16 50M 1/76 (VR A 15 (4))



4	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL CATE OF DEATH	HYGIENI	REG. NO	3 2	L. L.	1 0	
768		CEASED NAME PAU	line		HODIE	Brow	n.		December	16	,1983	2h HOU	R M
	3. SE)	Female	4 R	RACE Neg	gro	5. DATE O	OAY YEAR		GE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER	24 HRS MIN
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BP		Burial, CREMATION,		12/23	4		T I MEM I	PARK	LAUREI		MAR.		_
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may betained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the filling strains beginning the detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTIFI	CATE OF DEA	ATH	REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE P.	BROW			20. DATE OF DEATH MONTH	B 83	6 PM
3 SEX Female	4. RACE Black	S. DATE OF MONTH	BIRTH DAY 1	YEAR 29	6. AGE (IN YEARS LAST BIRTHDAY) 54 YRS.	FUNDER I YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.
76 BIRTHPLACE STATE OR FOREIGN COUNTRY) S. Carolina	U.S.A.	WIDOWED		RCED	2,22,21,0,12,0	TY	MD
BALTIMORE CITY	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR THE UNION MEN	ORIAL H	OSPITAL	JION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOM 136. STATE 136. CC Maryland	E OR OTHER INSTITUTION GIVE RESIDENCE BEI DUNTY 13c. CITY OR TO Balti	more		0 🗆	843 Glenwood	a Avenu	e 2121
14. FATHER'S NAME FIRST Pleas	MIDDLE Nola		15. MOTHER'S M FIRS BE	ulah	MIDDLE	Thom	ias
160 WAS DECEASED EVER IN U.S. (YES NO ORUNKNOWN) (IF YES			Shirle		leman 843 Gle		Avenue
PART I. DEATH WAS CA	DIATE CAUSE (0) DUE TO, OR AS A CONSEC	QUENCE OF	SAILLES SAILLES	25	DISEASS	pm	day
PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	NARY INFILE	TRATE	S 7 2	FFU	200 AUTOPSY? 206. IF Y	ES, WERE FINDI (IFYING CAUSES (YES]	NGS USED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	19	711. LOCATION		RED (ENTER NATURE OF INJURY IN 11EM 18	COUNTY	STATE
27e.1 certify that (1) (this h	ospital) attended the deceased from the body after death.	m /2/0	d that in (my) (a)	19 <u>83</u> ur) apinian	to	. 19 <u>85</u> our and from the	that (I) (we) las
Theolor	e So Krami			ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/	8/83

23e. BURIAL, CREMATION, REMOVAL 236. DATE

231. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

22e. ADDRESS

MamoRIAL 23d LOCATION
CITYORTOWN
Baltimore,

Md. COUNTY

BURIAL 24. FUNERAL DIRECTOR

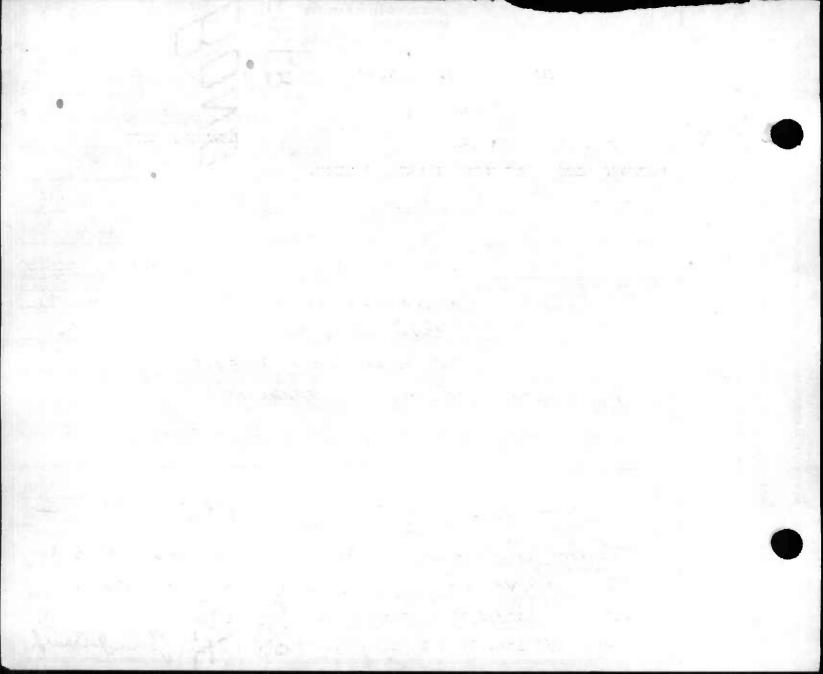
FOR

250 DATE REC'D. BY REGISTRAR 256 PET ISTRAR'S SIGNATURE Wm CM March F/H Inc. 110 Port North Avenue

12/14/83

MPORTANT.

DHMH - 16 50M 4/83 (VRA 15, 4)



- STATE

REGISTRAR

REMATION

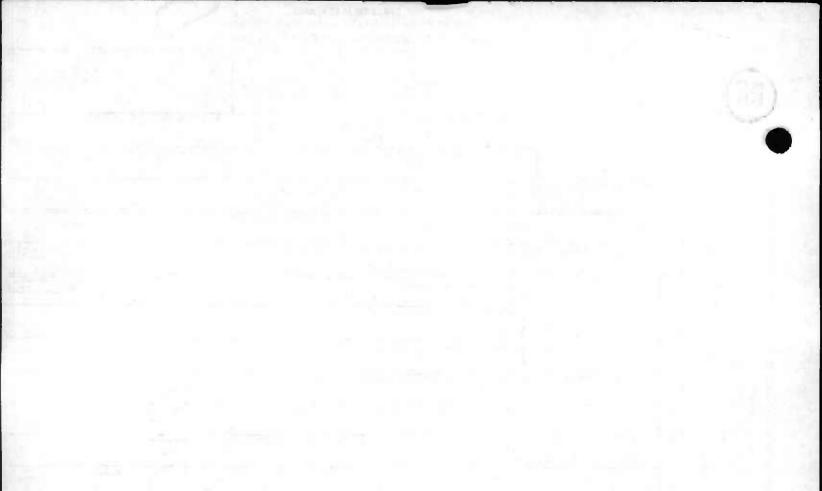
BP DHMH (VR A15 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN 26 HOUR DEATH MATED 2d HOUR 10:43 30 10 83 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 120. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY City 506 N. Milton Ave 21205 LAST 21205 Mrs. Lorraine C. Brown 506 N. Milton Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [NOX COUNTY STATE 1/1/84 Balto., MD.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and ca should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages (with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

campletely filled in by the funeral director, page ond 2 should be filed within 72 hours ofterpea

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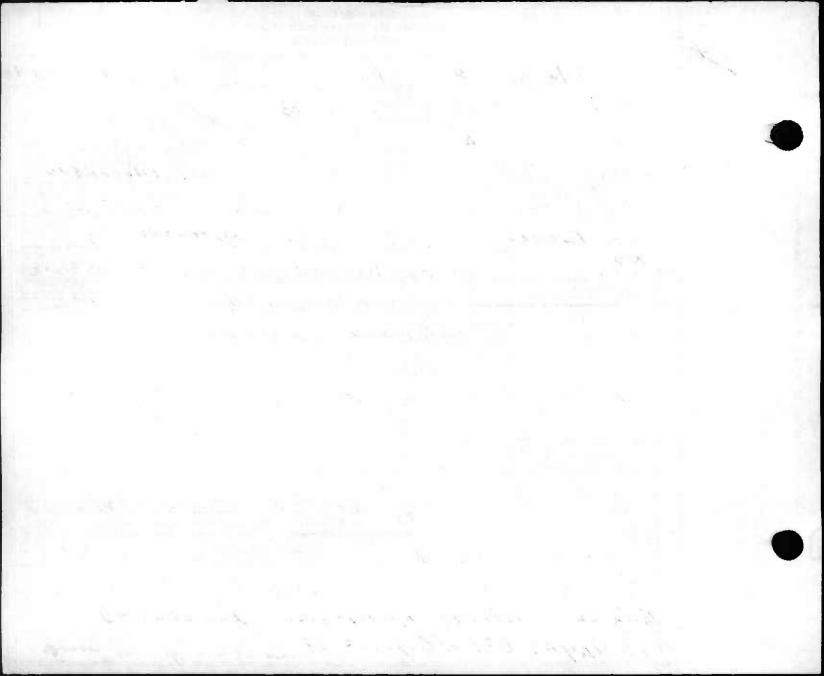
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
	CEASED NAME FIRST OR PRINT) Talma	ge D.	B.	own	2a DATE OF DEA	TH MONTH	6	PAR S	6: 15 A	
3. SEX	Male	RACE Black	S. DATE OF	BIRTH PAY OF	6 AGE (IN YEARS	dn	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE C		UT	PEATH	N	
0	ALTIMORE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE BOW SECOULS		OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR RGTIA	MOST OF WORKI			F BUSINESS O	
13s. S	no IV-	THER INSTITUTION, GIVE RESIDENCE BEFI Y 13c. CITY OR TO BAUTH	PORE	13d. INSIDE CITY LIMITS? YES 📈 NO 🗌	2128 UL	RESS / ZIP C	ODE	-1 02	1223	
	FOM THOM	DDLE LAST	WN	S MOTHER'S MAIDEN I	MAT	THE	us	LAS Z	1	
JY	(AS DECEASED EVER IN U.S. ARM ES, NOVELLA DWN) IF YES, GIVE U.N.O.W.N	ED FORCES? 166 SOCIAL SEG WAR OR DATES) 217 - 16-	6187	WIFE - CLAU		ADDRESS WW - 3	SAME		ABOVE	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Paul	brove	ula- a	icht		F		MATE INTERVAL	
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO To feetle 1 190 DATE OF OPERATION	ONDITIONS CONTRIBUTING TO	DEATH BUT N	iton c	RMINAL DISEASE OR	2 206. 11	Ze D	RE FINDIN	iste IGS USED	
TIFIC		-			YES NO	IN CE	YES [CAUSES	OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEA	4 18 PART 1 (OR PART 2)		
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CIT	YORTOWN	(OUNTY	STATE	
	226.1 certify that (1) (this hospital saw the deceased alive on a above, (1) (we) (did) (did not)	125 19	C+ 2	12/4 19 that in (my) (our) opinion	on death occurred on	the date and	19 hour and		that (I) (we) lo couses stated	
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/6/							SIGNED 6/P3		
	2007000									
	224 PHYSMAN'S NAME (TYPE OR James Eva			700 Was	hungton 1	Blug.	Bal	to 1	id zn	

DHMH - 16 50M 4/83 (VRA 15, 4)



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	La	2-0	1	and

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRST (TYPE OR PRINT) Will:	iam B	rown , Sr.	December 12,	1983 2b. HOUR
	3. SEX Male	Black	5. DATE OF BIRTH MONTH DAY 1926	57 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
7	76. BIRTHPLACE (STATE OR FOREIGN VA.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	ty MD.
	Baltimore	1037 The Alam		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HE DE OUI 130 STATE OUI MD	NOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13 CITY OR TOW Baltim	iore 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 4037 The Alan	21239 meda
	Jeffrey	MIDDLE Brown	1.020224	WIDDLE	Craney
	(YES, NO PEUNKNOWN) (IF YES, GT	RMED FORCES? IVE WAR OR DATES) 229-14-		Brown 4037 The	Alameda APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	ence of Cartinary	RMINAL DISEASE OR CONDITION GIVI	EN IN PART 110
-	A ALULT ON 1190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
9	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.) CITY OR TOWN	ART I OR PART 2) COUNTY STATE
	22a.1 certify that (1) (this hosp	pital) attended the deceased from	, and that in (my) (our) apinio	3, to	19 83, the (I) (we) lost r and from the causes stated
1	22b. SIGNATURE	Trahis	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/83
1	12d PHYSICIAN'S NAME ITTE	1. Twohig	Dept. Meli	tine Johns Neplan	is Mospital
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OF CREMATOR Trison Forest V	CHYOKIOWN	COUNTY STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

offending physici

retained by the hospital ar

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injury, or other troumotic

IMPORTANT: If Item 21 is marked or Item 18 shaws

(VRA 15, 4)

24. FUNERAL DIRECTOR E. North Ave. March F/H 1101

23d LOCATION
CHYORTOWN
Owings Mills

Md

A support

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE O	Ü	2	4	1)	
CERTIFICATE OF DEATH	REG. N	10.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
Brunson	1)1=0	27	83	1	

	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	o.	
	1. DECEASED NAME FIRST	MIDDLE	B	runson	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
4	3 SEX A E 70. BIRTHPLACE (STATE OR FOREIGN	1. RACE BLACK TO CITIZEN OF WHAT COUNTRY	5. DATE O	59 15°0	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA YRS. R COUNTY OF DEATH	YS HOURS MIN.
2	COUNTRY C.	U, S	MARRIED	NEVER MARRIED DIVORCED	BALTIMORECHT	Alto. C.	ity MD.
9	BATO	11. NAME OF HOSPITAL, NURSI (IF NOTIN SUCH FACULTY, GIVE STREE		ROTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C		D OF BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OF 13a STATE			13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	V. Brond	wood
Ø	14 FATHER'S NAME FRST AMES	MIDDLE Bours	on	15. MOTHER'S MAIDEN NAM	ME MIDDLE	5m	1AST Th
	160 WAS DECEASED EVER IN U.S. AR (YAS DOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VEWAR OR DATES) 2/3-0/	-4431	Pauline	Bruns	n 1727	Broodway
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	TE CAUSE (a) PREVIOUS (AT LESS AND CONSEQUENCE OF THE CONSEQUENCE OF T	JENCE OF		NOMA	DITION GIVEN IN PART	1(0
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK	HOUR A.M. MONTH	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUI		STATE
		otal) attended the deceased fram, Doc 2/19-		d that in (my) (aur) apinian of that in (my) (aur) apinian of the control of the	, to December of the december	22¢ DA	the causes stated TE SIGNED 10, 1983
1	230 BURIAL, CREMATION, REMOVAL	Petty, M.D. 236. DATE 1/2/84 236	NAME OF CE	METERY OR CREMATORY	Table 100 ANON CITY OF TOWN	tal. Harvey	7402_

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TO HOSPITAL

ATTENDING PHYSICIAN, The

DHMH-16 30M 2/80 (VRA 15, 4)

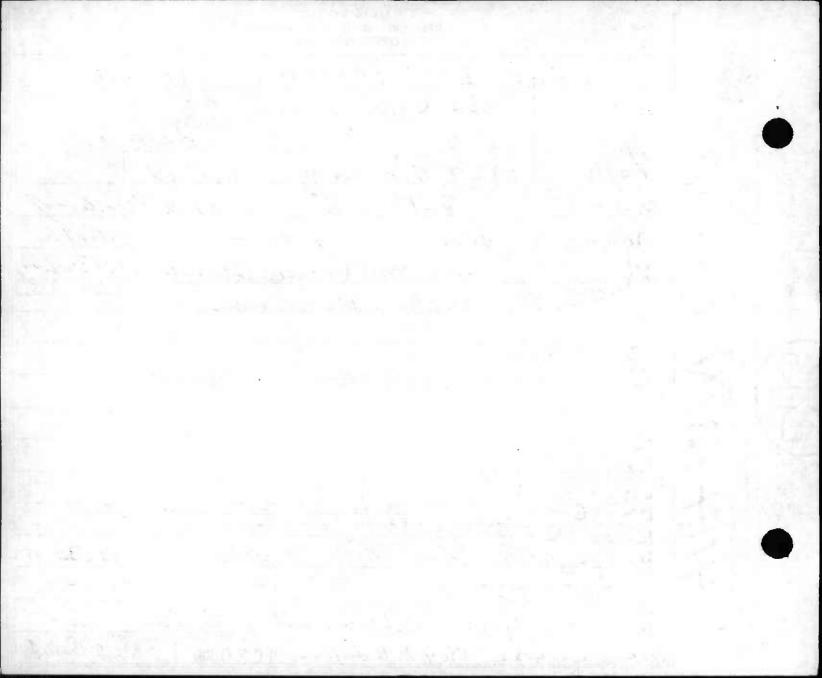
TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely should be detached for use as the buriof transit germit. Then please remove carbon papers. Pages 1 and 2 shows the Stete Dept. of Health and Mental Hygererprior to buriol, cremation, or removal.

IMPORTANT: If hem 21 is marked or hem 18 services

24 FUNERAL DIRECTOR

1364 h. Entrapline

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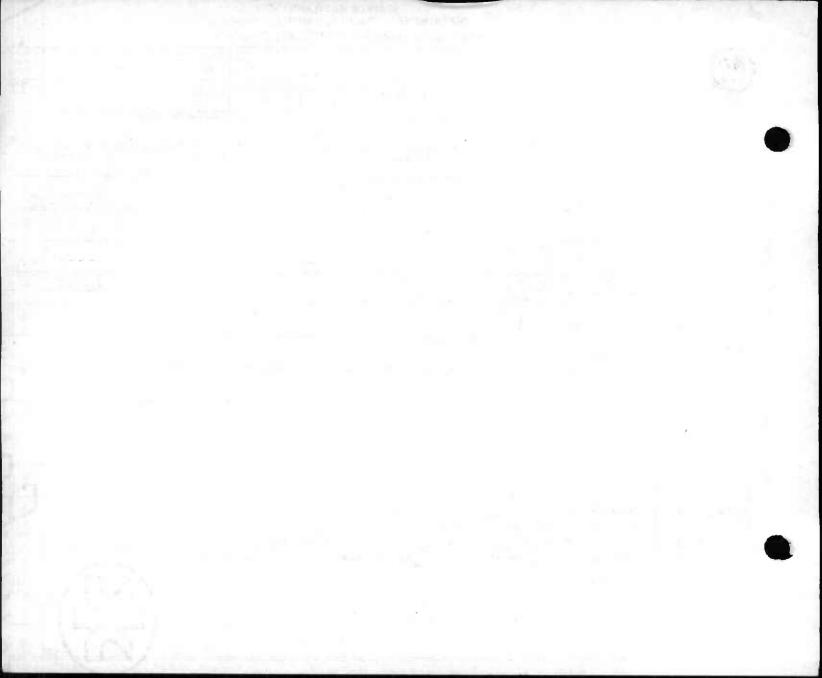
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(VR A15 ME (5))

20M 4/82

	STATE OF MARYLAND
DEPART	MENT OF HEALTH AND MENTAL HYGLENE 🜙
EDICAL	EY AMINED'S CEPTIFICATE OF DEATH

	FOR		D	EPARTMENT OF	HEALTH	AND MENTAL H	TYGENE .	خ	0	6 .		0
	STATE REGISTRAR		MED	ICAL EXAMIN	NER'S C	ERTIFICATE C	OF DEATH	1 R	REG. NO.			
	CEASED NAM	E FIRST		WIDDLE		LAST	20.	DATE KNO	WNX /	HTMOM	DAY YEAR	26 HOUR
,,,,	C OR PRINTI	Felix			E	Bryant	Jr.	OF EST DEATH MAT	ED 01	2/12	2/839	N
3 SEX	(4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE		DER TYR. IF UNDER		DATE	N	AONTH	DAY YEAR	8 34. HOYR
2 1	Male	Black	1 14	27 56 y	MOISI	DAYS HOURS	MIN PRO	DEAD	12	2/12/	83 19	A M
	RTHPLACE (S	TATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRI	ED NEVER MARR	1ED 7.8	BALTIMORE	CITY OR	COUNTY	OF DEATH	
	ew Jer	sey	U.S.	Α.	WIDOW	_	_ 1	Balti	more	City	y	MD
10. C	TY OR TOWN	OF DEATH	(IF NOT IN SUCH FACI	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) Duncan St	_,	ER INSTITUTION		OCCUPATION OF WORKING L		WORK 1	OR INDUS	BUSINESS
3				RESIDENCE BEFORE ADMISS								
13a. S	tate arylan	13b. COUNT		Baltimo		T3d. INSIDE CITY LIMITS? YES X NO	13e. STREET 9 2 0		unca	n St	t. 212	205
14. F/	ATHER'S NAMI	E	WIDDLE	LAST		15. MOTHER'S MAID!	ENNAME	MIDDLE			LAST	
	Felix			Bryant,		Susie					Lodge	е
	VAS DECEASE	D EVER IN U.S. ARM		16b. SOCIAL SECURI	TY NO.	17. INFORMANT			DRESS			
	NKNOWN			218-22-	5070	Evelyn	Brad1	ey 9:	20 N	. Dt	uncan	St.
	IB CAUSE C	OF DEATH (Enter only	one couse per line f	or (o), (b), ond (c).)							APPROXIMA BETWEEN ON	ATE INTERVAL
	PARTIDI	EATH WAS CAUSED	CAUSE (o) Art	eriosclerc	tic C	Cardiovascu	ılar Di	sease				
	42	92		S A CONSEQUENCE								
		ins, if ony, which	(b)									
	couse (o) stoting the under-	DUE TO, OR A	S A CONSEQUENCE	OF							
	lying co	use lost.	(c)									
	PART 2 OTHER S	IGNIFICANT CONDITIONS C		IT NOT RELATED TO THE TER	MINAL OISEASI	OR CONDITION GIVEN IN PA	ART I (a)					
Z O												
MEDICAL CERTIFICATION	190. DATE OF	POPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?					20 AUTOPS	Υ?
F	10.00										YES 🗆	NO 🔯
ER	21a. EXTERNA	AL CAUSE WAS	21b. TIME OF			OW INJURY OCCURRE	ED JENTER NATU	RE OF INJURY IN	ITEM 18 PART	T I OR PART		
AL	UNDERLYING	G OR ING CAUSE OF D		MONTH DAY YEA	R							
Dic	21d INITIRY	OCCURRED	21e PLACE O	FINJURY (AT HOME.		CATION	_					
×	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	RY, FARM, ETC.)	S	TREET	CII	TY OR FOWN		COUN	ITY	STATE
			of the remains desc	ribed obove, held on	Autop	y . Inspectio	[X]	nquiry	and u	n my opin	2100	
	deoth result		colses X		ui de	Homicide .		ined monner		r my opin	11071	
	deom resum	led from:	//	W\17 -	II	TITLE (SPECIFY)	Onderenni	nea monner	·			
	ACTUAL SIGNATURE	- Ax	rowar	Wynx	0	Dep. Chie	ef_MEDICA	LEXAMINER	t	DATE	12/12/	83
	EXAMINER'S (TYPE OR PRI	NAME Th	omas D. S	mith, M.D.	/	ADDRESS	lll Pen	n St.	, Bal	to.,	Md. 2	1201
23a.B	BURIAL BURIAI	TION, REMOVAL 23	12/15/83	Carris		rest VA	23d LOCA	errg M	ills		1.00	Mde,
	MANC ME		Inc.ADDRESS1	01 E Nor	th A	venue DEU	REC'D. BY REC	GISTRAR 25	b REGISTE	RAR'S SK	SNATURE	a .



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate his executed within 24 hours after retained by the hospital or offending physician.

			Will					
1		3. SE)		iam H.		ryson	6 AGE (IN YEARS LAST BIRTHDAY)	13 83 12
		, 02,	Male	Black	1 0	H OAY YEAR	58 _{YRS}	MONTHS DATE HOURS
A Spece	5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? B	D A NEVER MARRIED	Baltimore C	
led with	10		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY,	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSIN
sald be	35	13a S	AL RESIDENCE (IF NURSING HOME TATE 136 COI Maryland	UNTY 13c. CITY	pence before admission) Y OR TOWN 1 timore	134 INSIDE CITY LIMITS?	3309 Elbert	Street 21
ond 2 to	00		THER'S NAME eorge	MIODLE Br	yson	Minnie	AME	Brysc
1. Poget.	1		(IF YES, C	SIVE WAR OR DATES	CIAL SECURITY NO. -16-7288	Mable Bryse	on 3309 Elber	t Street
it. Then please remiar to burial, cremi by injury, or ather t		TION			TING TO DEATH BUT		WINAL DISEASE OR CONDITION GI	
ene pr	9	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING			N WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USI IFYING CAUSES OF DEA ES NO
Mental Hygi	4	MEDICAL CI	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MO	NTH DAY YEAR	211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
h ond		ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTO		STREET	CITY OR TOWN	COUNTY
I for use a of Health			220.1 certify the this has saw the deceased alive a abave,	pital) attended the decease	19 831		death occurred on the date and ho	ur and fram the causes s
e detoched State Dept	+		226. SIGNATURE	culat	uful		MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/
- 0 · 4			LEG THISICIAIN S NAME (TYPE	CREKINI	()	22e ADDRESS		/ /
should be deto with the State I IMPORTANT: If			URIAL, CREMATION, REMOVA	L 23b. DATE		EMETERY OR CREMATORY	23d LOCATION	

Util 1 5 1883 John J. amish anish

DHMH - 16,50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

	CEASED NAME ERST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
{TYPE	PE OR PRINT)						
3. SE	Mi	chael	5. DATE	Rugher	12-03-83	IF UNDER I YEAR	IF UNDER 2
a. SE	Male	White	MONTH		22 YRS	MONTHS DAYS	HOURS
	IRTHPLACE (STATE OR EOREIGN COUNTRY) Idaho	76. CITIZEN OF WHAT COUNTR	RY? 8. MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
12	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCHEACUITY, GIVE STR The Johns	SING HOME C	OR OTHER INSTITUTION	Baltimore Ci 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Mechanic	TZb. KIND C	F BUSINES Auto
USU. 3a. S	STATE 186 CO	UNITY 13c. CITY OR TO	FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COD	Route	9983
MUFA	ATHER'S NAME Larry	MODIE Bug!	her	is. Mother's maiden na Murna	MIDDLE		allou
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O		0-2682	Larry Bughe	addresshout r Marsin	te I ng,Idaho	836
		only one cause per line for (a), (b), SED BY: IATE CAUSE (b)	ond (c)	ema with	brain death	BETWEEN S	MATE INTERV
	4160	DUE TO, OR AS A CONSEC			I renel failure	1.	۵.
	Conditions, if ony, which	(b) 1 0 000 00	ranous	sysis one	renel talmore		~16
	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	OUENCE OF	transplante	·on	1.	راب
TIFICATION	gove rise to immediate couse (a), stating the underlying cause last.	(5)	OUENCE OF	HOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YE	VEN IN PART 1:0	GS USED
CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN' 19a DATE OF OPERATION	T CONDITIONS CONTRIBUTING I	OUENCE OF LUNG TO DEATH BUT ICH OPERATIO	transplanted NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDIN IFYING CAUSES ES []	GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 11 2 1 73 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	T CONDITIONS CONTRIBUTING I	OUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19	transplanted NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? 206. IF YE IN CERTI	S, WERE FINDIN IFYING CAUSES ES []	GS USED OF DEATH
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN: 190. DATE OF OPERATION 1121 73 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIF	DUE TO, OR AS A CONSECTION OF TOO DITIONS CONTRIBUTING TO TOO DITIONS CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE Spitol) offended the deceosed from	DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET 19 10 10 10 10 10 10 10 10 10	200 AUTOPSY? 200 IF YE IN CERTIL YES NO YES NO YES NO YES YES NO	S, WERE FINDING CAUSES ES PART L OR PART 2) COUNTY	NGS USED OF DEATH NO STA
	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 11 2 1 73 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION AT WORK 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased alive to obove, (1) (we) (did) (did) 22b. SIGNATURE	DUE TO, OR AS A CONSECTION OF TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHITE CONDITION FOR WHITE CONDITION FOR WHITE CONDITION FOR WHITE CONDITION OF THE CO	DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211 LOCATION STREET 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	ANAL DISEASE OR CONDITION GIVEN AUTOPSY? 200. AUTOPSY? IN CERTINATURE OF INJURY IN ITEM 18 CITY OR TOWN 10. 12. 3	S, WERE FINDING CAUSES ES PART L OR PART 2) COUNTY 19 22c. DATE	NGS USED OF DEATH NO STA
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN: 190. DATE OF OPERATION 1121 73 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIF	DUE TO, OR AS A CONSECTION OF TOO DITIONS CONTRIBUTING TO TOO DITION FOR WHITE TO TOO DITION FOR WHITE TOO DITION TO TOO DITION OF TOO DIT ON OTHER ORD OF TOO DITION OF TOO DIT ON OTHER ORD OF TOO DITION OF TOO DIT ON OTHER ORD OTHER ORD OT	DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211 LOCATION STREET 19 30 nd that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? 20b. IF YE IN CERTING THE NATURE OF INJURY IN ITEM 18 CITY OR TOWN death occurred on the date and has MEDICAL STAFF	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19	NGS USED OF DEATH NO 51/ that (I) (w.causes stat

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	e c
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer retained by the hospital or attending physician.
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BP_ DHMH - 16 50M 4/ (VRA 15, 4)

3=1		CEASED NAME (FIRST		M	130	shel	REG. NO. 20. DATE OF DEATH MONTH	9 83 10	0:3
200	3. SE		VA. RACE White		5. DATE O	7/00	6. AGE (IN YEARS LAST BIRTHDAY) 75	MONTHS DAYS HO	UNDER 2
35		RTHPLACE (STATE OR FOREIGN MARY) and	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR COUR Baltimore		H
81		Baltimore	Ral tim	FACILITY, GIVE STREET	HOST	or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Laborer	12b. KIND OF BU INDUSTRY Brewer	
35		AL RESIDENCE (IF NURSING HOMESTATE 136. CC	OR OTHER INSTITUTION, OUNTY	Baltimo	ADMISSION) N Te	134. INSIDE CITY LIMITS?	3417 Shannor	n Drive 21	21
2017	14. FA	Howard	MIDDLE	Buhl		15. MOTHER'S MAIDEN NA. Barbara	WIDDLE	Sachs	3
medical		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	213-09-5		G. Lawrence	Buhl 208 Hunter	rs Ridge Rd	١.
aumatic event, the m		42 75 Canditions, if any, which	IATE CAUSE (a)	AS A CONSEQUE	onic	Shock Quest - Qu		MAROXIMATE BETWEEN ONSET 12 hv3	5
0	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR (b) DUE TO, OR (C)	AS A CONSEQUE	ENCE OF	Shock Quest - Que	y Musics - INAL DISEASE OR CONDITION	12 hus	5
Sany injury, ar other traumatic event, the	TIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR (b) S DUE TO, OR (c) C IT CONDITIONS CO	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM	Musics - INAL DISEASE OR CONDITION 280 AUTOPSY? YES NO NO NO CE	GIVEN IN PART 110 YES, WERE FINDINGS RTIFYING CAUSES OF I	3 S USED
0	CAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR (b) S DUE TO, OR (c) CONDITIONS CO 196. CONDIT	AS A CONSEQUE AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH D.	ENCE OF DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURI	Musica - INAL DISEASE OR CONDITION 200 AUTOPSY? IN CE	GIVEN IN PART 110 YES, WERE FINDINGS RTIFYING CAUSES OF I	S USED DEATI
shows any injury, ar other traumatic event, the	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTEY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK	DUE TO, OR (b) S DUE TO, OR (c) IT CONDITIONS CO IPB. CONDIT DEATH HOUR A.A. INER) 216. PLACE C (AT HOME, STRE	AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH D. FINJURY FINJ	ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	Musics - INAL DISEASE OR CONDITION 280 AUTOPSY? YES NO NO NO CE	GIVEN IN PART 110 YES, WERE FINDINGS RTIFYING CAUSES OF I YES N 18 PART 1 OR PART 2)	SI USED
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Bresnag	(**)) [*] [(**)		=intin	alires City Tio	F. C. V	oromit Laff
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and makes as	Bull 9ts Embe	9981T	01.0	TE -01- 10		e

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semmed d. duck, Jan. Haltimore, St.

	218
OR	DEPARTMENT OF

STATE OF MARYLAND
EPARTMENT OF HEALTH AND MENTAL HYGIENE

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40	0	and the same	-	60	U
REG. NO.					

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	1. DECEASED NAME FIRST	WIDDLE	LAST			HOUR D
ı	Dorotl	hy R. Bu	111	December 1	7, 1983 1	1 P _M
1	3 SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DATE HOL	NDER 24 HRS
	Female	White	Oct. 12. 1911	72	YRS	min.
V	TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR		
	Maryland	U.S.A.	MARRIED NEVER MARRIED !	Baltimon	ce City	MD.
ij	0 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		SINESS OR
1	Baltimore	4515 Schenley	Road 21210	Housewife	ORKING LIFE) INDUSTRY	10
1	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b COU Maryland		OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4515 S	chenley Road	10
0	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST	
1		elberger	FIRST	iolet Caltri	der	
ď	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL ST	ECURITY NO. 17 INFORMANT	ADDRESS		
	(YES NO OR UNKNOWN) (IF YES, GI	ve war or dates) 215 01	7120 D Joan M. T	eal 4515 Sch	enley Road	
		DUE TO, OR AS A CONSE	-clastic coron	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DE	
)	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOT IFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	URRED (ENTER NATURE OF INJURY II	COUNTY	STATE
	22a I certify that (1) (this base	lasman	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF	ond hour and from the couse	198)
	Dr. Edward	L. Glassman	4037 Fa	lls Road F	Baltimore, Md.	
	230 BURIAL, CREMATION, REMOVAL SPECIFY Burial		NAME OF CEMETERY OF CREMATOR OF CHEMATOR		e, Balto.Co.,	Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corbonappes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal, MAPORTANT; if them 21 is marked or them 18 shows any injury, or other traumatic event, the

Burgee Funeral Home, PA Baltimore, Md. 21211

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 2 0 1983 2



1- STATE REGISTRAR FILM #508 2/6/0	į.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 9		. 3	-
5 2	tica	(in	-

REGISTRAR #5	58 2/6/64 39	CERTIFICATE (OF DEATH	REG. NO.	2 64 7 11	
1. DECEASED NAME FIRST LUCILL	MIDDLE	BURKE		20. DATE OF DEATH M	2-10-83	3 40 P
3. SEX FEMALE	NEGROE	5. DATE OF BIRTH	AY YEAR	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NE	DIVORCED 🖾	BALTIMORE CITY OR	ITY	M
BALLIMORE	et 11. NAME OF HOSPITAL, NURS (IFNOT INSUCH FACILITY, GIVE STR 5/NA/ HOSP	ET ADDRESS)		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		OF BUSINESS O
13a. STATE 13b. C	AS OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 131. CITY OR TO BALTA	City YES T	NO 🗆		terstown R	dil
14. FATHER'S NAME FIRST LOSEPH	MIDDLE LAST BULL	15. MOTI	HER'S MAIDEN NAME	MIDDLE	Bowa	ter
160 WAS SECEASED EVER IN U.S. (YES, NOOR UNKNOWN) (IF YE		6-6164 MC		ADDRES	S	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		ration	and (1 m	ania	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
4340 IMME	DUE TO, OR AS A CONSEC	1	Portur	0		pr 1971
Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	gan's b	CUA	yndion	re	
	NT CONDITIONS CONTRIBUTING T	1 (1)	ATED TO THE TERMIN	NALDISEASE OR CONDI	TION GIVEN IN PART 1	a ·
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PE	ERFORMED		206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES []	
On convenience Cause of	FDEATH HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2}	
THE CONTRIBUTION OF CAUSE OF WHILE AT WORK AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TOW	COUNTY	STATE
saw the deceased also above, (I) we) (did (di	attended the deceased from	July of	(my) (our) opinion de	enth occurred on the dot		that (I (we)) a
-	rom & Cut	le md.	•	MEDICAL STAFF DIRECTOR PHYSICIA	AN DATE	O/A3
224 PHYSICIAN'S NAME (1	PEDRAINTIP CUTZE	220. ADI	G40 FO	rdstans	2 , Balto,	मिर अं
230. BURIAL, CREMATION, REMO	1	NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital or ottending physician.

BP.

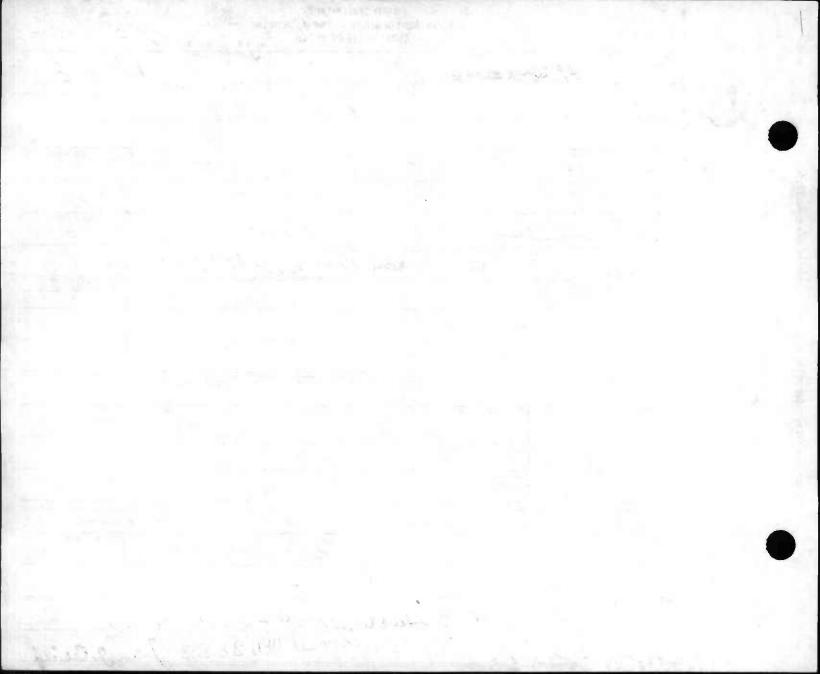
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remove corbangopers. Pages 7 and 2 should be like with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

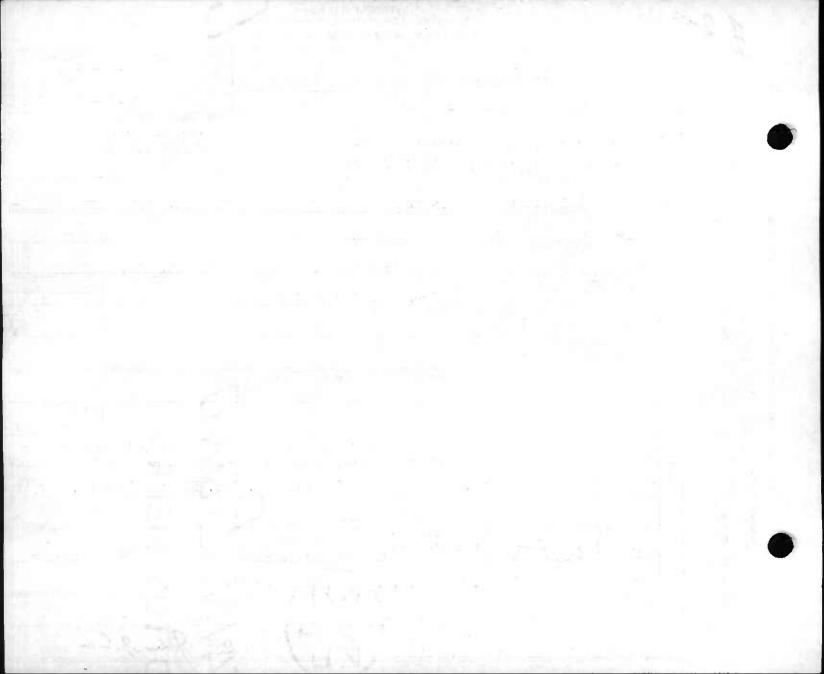
24 FUNERAL DIRECTOR
VETNONR, Bailey 1348 N. Calhoun

DEC 1 BY REGISTRAR 25% REGISTRAR'S SIGNATURE 2 1983 Literary hidefely 1278 Measure DEC 1280

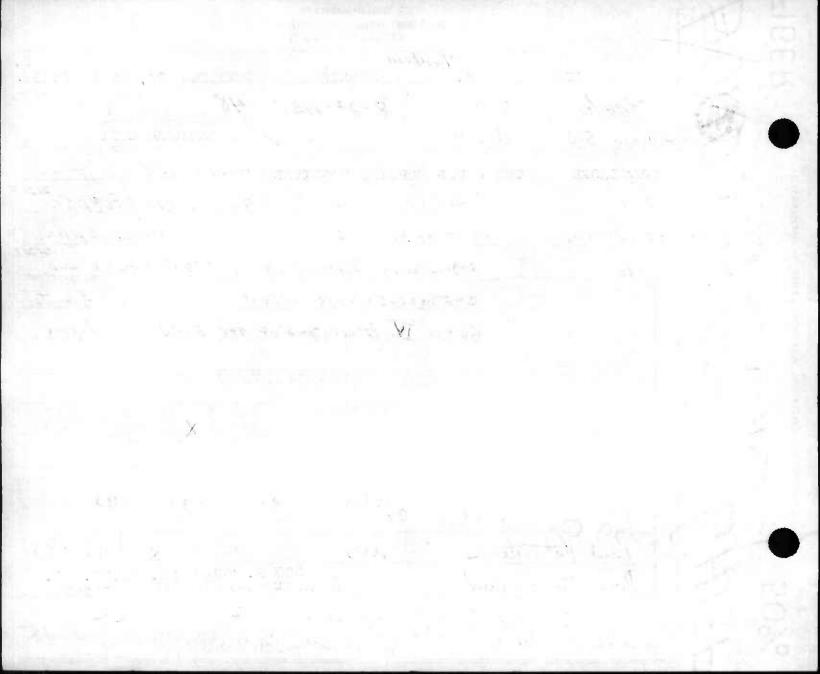
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE





4	,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO	GIENES - G	3 2 2	2 2 4
	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	O.	
		CEASED NAME FIRST OR PRINT)	MIDDLE CheAh	em LAST	20. DATE OF DEATH	MONTH DAY Y	ZEAR ZE HOUR P
be be		MARY	Α.	BURRIS	DECEMBER	24. 198	33 6:15 4
OE OF	3. SE	× T . 1	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		EYEAR IF UNDER 24 HRS DAYS HOURS MIN.
8 (44)		remple	Black	8-23-1935	48	YRS.	
leoth. Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	COUNTY OF DEA	
S ofter o	1	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOME MA	E WORKING LIFET INDIA	IND OF BUSINESS OR
filled in cut be		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE -	PRD 57. 21205
		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ALIDALE.		
POPE DI	E	ENJAMIN	CHEAT HE	M Ida	WIDDLE	CUNNIN	16HAM
dico di contra d		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRE	SS	2/2/3
SOIC SOLVE		NU (IF TES, GI	249-66-2	073 BARBARA EL	14NS 3170	RAVENWOO	D AUC
the Posicio		18. CAUSE OF DEATH (Enter or	lly one cause per line far (o), (b), an	id (c).)		BET	APPROXIMATE INTERVAL
10 gra 800		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (O) CARDIO	LESPIRATORY ARR	EST		5 minutes
chice of the control		1919	DUE TO, OR AS A CONSEQU	ENGPOF A			2
offe offe offe offe		Conditions, if any, which gove rise to immediate	(16) GRADE	IV ATROCY TOMA O	F THE BRA	in	Lyears
the the		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
d by leose iol, cr			(c)				
signe hen pl to bur	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PA	ART Iro
e	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	FINDINGS LISED
nos be	FIC.	THE DATE OF OFTERANOR	The Condition of the Willer	OF ENATION WAS TEN OWNED		IN CERTIFYING CA	AUSES OF DEATH?
Cote to consit Hygie	ERT	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES T	NO ARI 21
		OR CONTRIBUTING CAUSE OF DE		AY YEAR			
ading poding pod	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION			
2 6 6 7	WE	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC) STREET	CITY OR TO	WN COUN	NIY STATE
or offer the se os the morked			tal) attended the deceased from _	12/13 10 8	3 10 12/2		3 that (I) (we) last
TTEN Diffel TOR For co	1	saw the deceased plive on	12/24 10	95, and that in (my) (our) opinion	death occurred on the do	ote and hour and from	m the couses stated
OR AT DIREC Sched Dept.	'n.	77h SIGNATURE	t) view the body ofter death.	DEGREE			DATE SIGNED
0 0 0 0 4	117	Yaul late	cuiteri	MT ATTENDING PHYSICIAN [MEDICAL STAF	IANIX 1	2/24/83
HOSPITAL ined by the FUNERAL wild be det wild be det h the Stote		224 PHYSICIAN'S NAME LTYPE	ox Peacity	The second secon			IO MD
TO HOSPITAL retained by the TO FUNERAL should be determined by the Manager with the State Manager TANT:		PAUL KAT.	ZENSTAN	JOHNS HOI	N. WOLFE	TAC DALT	O. MD.
5 5 5 4 3 8 4		SURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION		1203
BP		SPECIFY)	12/30/53 0	hunch ce	and the sound	- canis	STATE
DHMH - 16 50M 4/83	24. F	INERAL DIRECTOR	2.m 2222	- W 250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	QNA WREWILL
(VRA 15, 4)	1	to make a	ADDRESS	north well	16 2 8 1983	0	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	CEASED NAME OR PRINT)	RAYMO	ND LE	ROY	BURRS	, JR.		2e DATE OF DEATH MONTH		YEAR 83	26. HOUR 8 30 N
3. SE	x M		4 RACE		5. DATE C		52	6 AGE JIN YEARS LAST BIRTHO	YRS		IF UNDER 74 HRS HOURS MIN.
C	IRTHPLACE (STATE OUNTRY) Maryl	and	J	WHAT COUNTRY	WIDOWE		ORCED	Baltimore CITY OR	City		MC
В	nty or town of altimore		1432	HOSPITAL, NURS JICH FACILITY, GIVE STREE MILL Rac	e Road			12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF V Roofer		INDUSTRY	truction
13a	al Residence (# STATE Maryland	136 CO		N, GIVE RESIDENCE BEFO 13c. CITY OR TO Baltimo	WN	13d. INSIDE CI	NO 🗆	13. STREET ADDRESS 11,32 Mill R	ace Ro	ad	211
	Raymond		Leroy		Sr.	Jur	rest 1e	WIDDIE		Alli	son
	WAS DECEASED E YES, NO OR UNKNOW!		ARMED FORCES? GIVE WAR OR DATES)	213-60-		Mary F	AA TT C				(21211) alto.Md
MEDICAL CERTIFICATION	571 Canditions, if gave rise to couse (a),	any, which	DUE TO, (b)_	LIVER OR AS A CONSEQUENCE POSTNE	UENCE OF	RE c cir	RHOSI	٤			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E 14 PATOREN AL SYNDROME 190 DATE OF OPERATION 196 CONDITION FOR WHICH					DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO ENCEPHALOPATHY OPERATION WAS PERFORMED 100 AUTOPSY? YES \(\text{NO} \) NO \(\text{D} \)			20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	21a, ACCIDENT WAS UNDERLYING				DAY YEAR						
	WHILE AT WORK 220.1 certify the	OT WHILE	spital) attended	the deceosed from	8/	STREET	_, 19	to 12/16/82	, 19		that (1) we) lost
	obove (I)	we) (did)(did	D M		~ ~ ~	DEGREE	TTENDING	MEDICAL STAFF		22c DATE	

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MATHESON 23b. DATE

13c. NAME OF CEMETERY OR CREMATORY Chapel Cemetery

11e ADDRESS

CHARLESST. 21218 23d. LOCATION

COUNTY

Baltimore

STATE

DHMH-16 25M (VRA 15, 4) 1/79

marked or Item 18,

MPORTANT: If Item 21 is

24. FUNERAL DIRECTOR A.Alan Seitz, Jr. 3818 Roland Ave. Balto.Md. JAN 3 1984 Fan & Construction

heryland ,J. 20 .J altione 1032 Will Mace Hond (21211 Roofer Gonative view altinore altinore altinore raywona ercy tirs, it. due llison 21211) 213-60-3153 oner . enrs 1/32 dil acc 0. elto.d.

errical 1/30/3 cays deposit on all or constants.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tugwool TO FUNERAL DIRECTOR: After this certificate has been also been enounce corbonables. Pages and 2 spould be filed within 72

should be detoched for use as the burial-transit permit. Then please remave corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

DEPARTM

STATE OF MARTLAND	1	10.11	-			
ENT OF HEALTH AND MENTAL HYGIENE	Ü	5	2	4.	La	C
CERTIFICATE OF DEATH	DEC	NO				

	REGISTRAR		CEKIII	ICATE OF DEATH	REG, NO.				
	CEASED NAME FIRS	31OCIM 1	MI'DLE LAST			DAY YEAR	26. HOUR		
(TYPE	OR PRINT)	LDRED	DRED BU		December 5, 1	983	3 20 A.		
3. SE)	X	4. RACE			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR		
J	Female	White	White		79 YRS	MONTHS DAYS	HOURS MIN		
7a. BII	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT CO	LINTRY? 8	1St 18, 1904 Nevermarried	9 BALTIMORE CITY OR COUN		OF DEATH		
M	aryland	U.S.A.	WIDOW	_	Baltimore Cit	ity, MC			
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	11. NAME OF HOSPITAL NURSING HOME C		12a. USUAL OCCUPATION		126. KIND OF BUSINESS OF		
I	Baltimore	Hamilton	Nursing H	ome	Supervisor		rs Co.		
U5U/	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE	10 11 12 15		
		altimore Ess		YES NO K	408 Schotts Rd		1		
	THER'S NAME		APPENDICT OF	15. MOTHER'S MAIDEN N.	AME	W HOLE			
R	obert		ısh	Belle	MIDDLE	Unkn			
16a. V	VAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS				
N		ES, GIVF WAR OR DATES)	-07-6966	I. Preston	Burton, Sr S	ame as #	13e		
IN		ter only one couse per line for to		D. ILEGEON	Duzcon, bz. b		MATE INTERVAL		
	PART I. DEATH WAS C	AUSED BY:	Alia Alex	wind tenes	Wilcent	cl G	I A A		
	4797IMM	EDIATE CAUSE (b)	into-1-00	ust among to	circoly	acou	44		
	1212	The state of	•						
	Conditions, if any, while gave rise to immedia		(b) Cknowl anylymus						
	couse (o), stoting ti	DUE TO, OR AS A CO	NSEQUENCE OF		VEARS				
	underlying cause la	st. (c)		HO(VI)		17	11103		
_	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	ENEN IN PART TO	0 '		
CATION		000 AND 10107							
	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
TIFI						YES [NO 🗌		
CERTI	210. ACCIDENT WAS UNDERLYIN	110110 111 1101	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART (OR PART 2)			
	OR CONTRIBUTING CAUSE	OFDEATH	19						
EDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR	Y	211 LOCATION					
W	WHILE NOT WHILE	(AT HOME STREET, FACTOR	Y, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE		
	AT WORK AT WORK	haspital) attended the decease	11 ME	V.11 8	3 000 5	10 8 3	.1 / 3.1		
		ve on APL 2	10 4	nd that in (my) (nur) anining	death occurred on the date and h		that (I) (we) la		
	000ve, (I) (we) (did) (did)	(id not) view the body after deat	th.		r decim occorred on the dote ond h				
	226. SIGNATURE	1 do 6110		DEGREE 221. DATE SIGNED					
	7111	iay, My		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/5/83					
	22d. PHYSICIAN'S NAME	TYPE OR PRINT)		22e. ADDRESS					
	Blenvenido	R. Matos, M.D.		Yorktowne Village Cockeysville, Mc					
23a B	BURIAL, CREMATION, REMO		123r NAME OF C	EMETERY OR CREMATORY	123d LOCATION	SVIIIC,	rid.		
(Specify) Burial	12-8-83		Park Cemeter	CITY OR TOWN	Mary1	and		
_	JNERAL DIRECTOR	12-0-03							
	NAME		ADDRESS		TE REC'D BY REGISTRAR 256. REG	Charles Side	takel		
Ru	ick Towson Fu	meral Home, In	c. Towson	,Md.21204	1009	-			

DHMH - 16 50M 4/B3 (VRA 15, 4)

retained by the hospital or attending physician

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Supervisor Coppers Co.	5.0	niaum ol		ero delos
408 Sakotts Pd 21221	×	Mesex	Daltimore	ng Land
Unlaren	Eclle	dos.º		51010
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	and complete			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical

Giovanni Busce 3. SEX Male 4. RACE White 7. D. CITIZEN OF WHAT COUNTRY? 8. M. WIE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOLE (IF NOT INSUCH FACILITY, GIVE STREET ADDRES 4019 Granite Ave USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13		MIDDLE	ATI WUIM	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	1 2g. DATE O	REG. NO		DAY	YEAR	T2b. HOUR
Male White 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOWED OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMES 130. STATE 130. STATE 130. STATE 130. COUNTY Md. 14. FATHER'S NAME FIRST CATMOLO 15. CAUSE OF DEATH (Enter only one couse per line for Iol 16), and Iol 17. OR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMES (YES, NO OR UNKNOWN) 16. CAUSE OF DEATH (Enter only one couse per line for Iol 16), and Iol 17. OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF VIEW, NOTEY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (IF EITHER, NOTEY MEDICAL EXAMINER) 210. INJURY OCCURRED 2110.		MIDDLE	Bus		A31		20-83	MOIVIA	DAT	-	28. HOUR
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DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPER 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, E AT WORK AT WORK 22e. I certify that (I) (Ibb 1050pto) attended the deceased fram sow the deceased alive on obove, If (we) (Idid Idid not) view the body after death.		DATES)			Maria Buscer	mi, Sa	ADDRE				
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22a. I certify that (I) (this hospital attended the deceased from		OUR A.M. MC		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER N	ATURE OF INJU	RY IN ITEM 18	PART : C	OR PART 2)	
saw the decrosed alive in above, (if (we) (did) (did nat) view the body after death.	(AT HC	THOME, STREET, FACTO	ORY, OFFICE, FA		211. LOCATION STREET		CITY OR TO	WN	С	OUNTY	STAT
				, a	, 19 nd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	death accurr	STA	FF _		from the	that (1) (we)
INIS E. RIVERA M.D.		M D	- 15		22e ADDRESS 5317 Belair	Rd.				/	1

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

Leonard J. Ruck, Inc., 5305 Harrord Rd.

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Letter for account of the land on the

filled in by the funeral director, page 3

FOR - STATE

DEPARTMENT

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OF HEALTH AND MENTAL HYGIENE	0	O	die	8420	Cou
TIFICATE OF DEATH	550 14				

REC	SISTRAR				CERTII	FICATE OF	DEATH		REG. N	10				
1. DECEAS		12913		WIDDLE		LAST Y		2a DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR	
(TYPE OR PRI	N1)	GRACE	3	G.	BUS	CHELBI	ERGER			12	30	83	8:59) A.
3 SEX			4. RACE		5 DATE	OF BIRTH		6. AGE (II	YEARS LAST BE		IF UNDE	ERIYEAR	IF UNDER 24	
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CERTIFICATION 18a D	ATE OF OPER	ATION	19b COND	ITION FOR WHAT	PERATIO	N WAS PERF	ORMED	20a AU	TOPSY?				GS USED	
E				()				YES 🗌	NO		YES	AUSES	OF DEATH	,
	ACCIDENT WAS U	-	216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW	NJURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)		
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216.1	NJURY OCCU	RRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	DAA EYC)	211 LOCAT			CITY OR TO)WN	COL	UNIY	STA	TE
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				e deceased from_	~~~		19 80	, to	1000	2	190	3	hot (I) (we) lost
5	bow the deceo	sed plive on	of view the body	after death.	83_,01	nd that in (my	() (our) opinion	death occur	red on the d	ote and ha	our and fr	om the c	ouses state	ed :
22b. S	IGNATU	100	This	0	M	DEGREE					221	c. DATE	IGNED.	7
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	AL DIRECTOR	-	7 7 7 7 7	7		1229		TE REC'D. BY			STRAR'S S			
HUBBA	RD FUN	ERAL H	HOME, IN	C. 4107 W			JAN	3 19	84	Jo an	2	Car	ist	*
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DHMH - 16 50M 1/81 (VRA 15, 4)

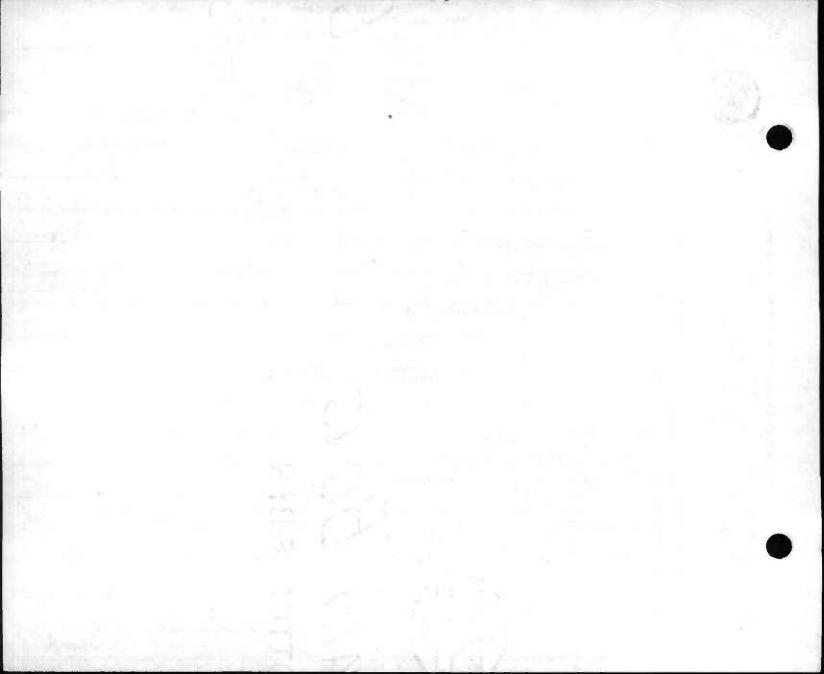
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the busiol-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, or remaval.

any injury, or other troumatic event, the

IMPORTANT: If Hem 21 is morked or Hem III

STATE OF MARYLAND



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requires that the death certificate be executed within 24 hours of

5	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG		3 3. NO	2	2	3	0
		CEASED NAME	FIRST		MIDDLE	L.	AST		20 DATE OF DEAT	H MONTH	DAY	YEAR	2h HOU	R
1		Eli	zabe	th	В.	Вι	ıtler			12	4	83		М
and .	1. SE	X.		4 RACE		S. DATE C		YEAR	AGE (IN YEARS LAS	T SIRTHDAY)	MONTHS	DER I YEAR	IF UNDER	24 HRS
	I	emale		Black		3	1 1	32	51	YRS		DATS	HOURS	WIN
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Day U		TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET, ALSQUE			TUTION	120 USUAL OCCU (TYPE OF WORK FOR M Packe	OST OF WORKING		KIND OF DUSTRY M.e.	A CONTRACTOR	SS OR
ansapp.	USU/ I3e, S	AL RESIDENCE (IF NUR	SING HOME OR		GIVE RESIDENCE SEFORE 13c CITY OR TOWN Balto	N I	134 INSIDE CIT	TY LIMITS?	13. STREET ADDR	.Aisq	ui t	h st	19	3
2	14 FA	THER'S NAME	,	AIDDLE	LAST		IS MOTHER'S	RST	AE MIDD	(F		LAST		
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medical	Iáa V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	(IF YES, GIVE	MED FORCES? WAR OR DATES)	216-28-		Victo		dams 14	OO Mc	Cul	loh	St.	
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injury, o	NO	PART 2 OTHER SIG		ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED 1	TO THE TERM	INAL DISEASE OR (ONDITION	IVEN IN	PART Vio		
ous son	CERTIFICATION	190 DATE OF OPERA	A	1% COND	TION FOR WHICH	OPERATION A	N WAS PERFOR	MED	YES NO	INCER		CAUSES		TH?
or Item 18 st	-	21a ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	2 lb. TIME O HOUR A P.:	M. MONTH DA	YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM I	B PART I O	R PART 2)		
morked or h	MEDICAL	21d. INJURY OCCUR	HILE	21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION	N	CITY O	RTOWN	co	DUNTY	51	ATE
21 is mo		22a. I certify that (I saw the decease above, (I) (we) (ed alive on	1/10 km	128/ 19 8	May S.on	d that in (my) (i	ur) opinion o	to Jac	he date and h	19	0	hot (I) (v	
If hem		226 SIGN TURE	W.	1 Wa	Ver	enj	DEGREE AT	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN	2	12 DATES	C	83

23c NAME OF CEMETERY OR CREMATORY

King Mem.Park

BP. DHMH-16 20M (VRA 15, 4) 7/78 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c shauld be detacked for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MINORIAME: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, the

> 24 FUNERAL DIRECTOR
> NAME
> Chatman-Harris FH ADDRESS McCulloh 1701

12/7/83

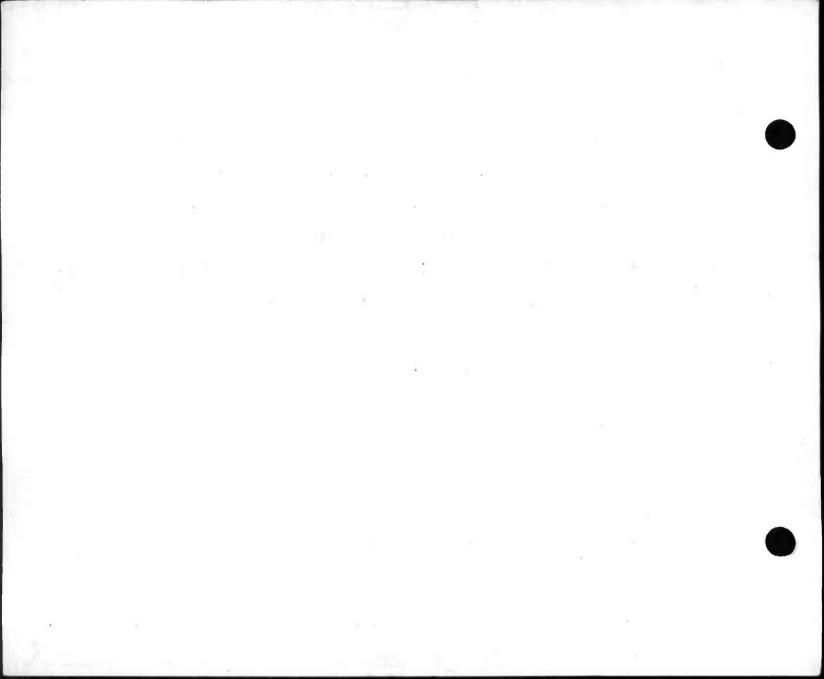
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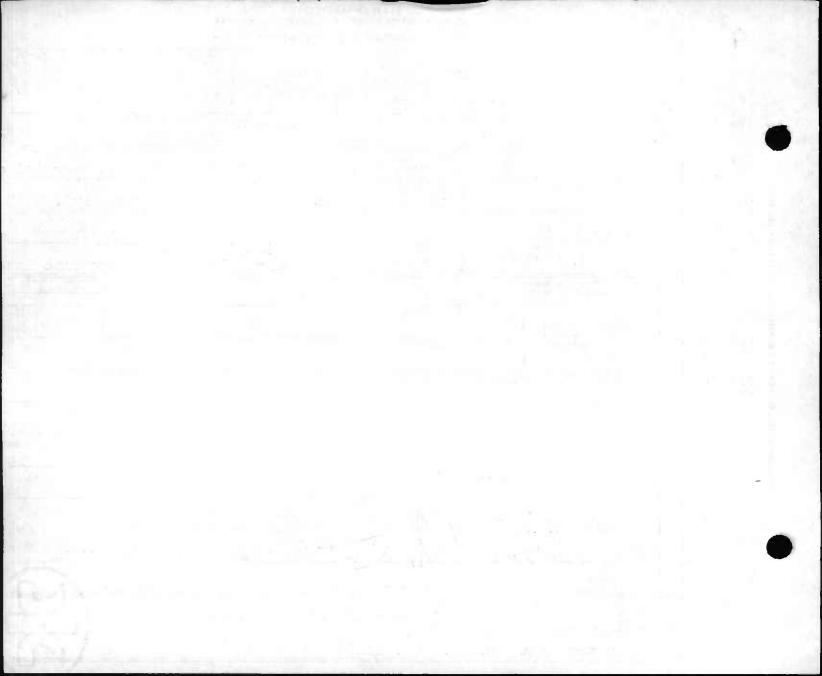
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20M 4/82

STATE OF MARYLAND



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STATE OF MARY
FOR DEPARTMENT OF HEALTH AND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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I. DF	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
	CAROLY	N L.	CA	PLE	20 DATE OF DEATH MONTH	16 83 2 AM
3. SE	* FEMALE	BLACK	S. DATE OF	F BIRTH DAY YEAR 7 1950	6 AGE (IN YEARS LAST BIRTHOAY) 33	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. ES.
	SIRTHPLACE (STATE OR FOREIGN 71 CAROLI NA	U-S. A.	MARRIED WIDOWED	NEVER MARRIED X	BALTO C	HY OF DEATH
10.C	BALTO.	1. NAME OF HOSPITAL, NURSIN		HOSPITAL	12th USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR G LIFE INDUSTRY
05U 13a.	JAL RESIDENCE (# NURSING HOME OR O STATE JAD 136 COUNT	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	ode to Drive 2121
14. Fz	ATHER'S NAME RUFUS	CAPLE		Genne He	G,C,	GATEWOOD
	WAS DECEASED EVER IN U.S. ARM (YES, HOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 2/4 54	3671	17 INFORMANT C Rufus Ca	ple 5507 Hig	hgate Drive
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c) DOUBTIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
O						
TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	I WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURI	IN CE	RTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.	DAY YEAR		YES NO TO	RTIFYING CAUSES OF DEATH? YES NO NO
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did not)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	PARY YEAR 19 FARM, ETC)	21c. HOW INJURY OCCURI	YES NO PROPERTY IN ITEM	RTIFYING CAUSES OF DE ATH? YES NO
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or offending physician.

William C. March F/H 1101 E. North Ave

25 DEL 1 9 1983 John Lahile

2 2 2 6 with the state CATTROCK Comment Service Commenced to a march Maria alla di mira I de la Therman 40. A Section Alexander BA 31-1415

n and completely filled in by the funeral directo Pages 1 and 2 should be filed within 72 hours a

not the veoth periocore So executed within 24 hours ofter death. Page

FOR STATE CERTIFICATE OF BEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CEASED NAME FIRST E OR PRINT)	MI	IDDLE	LAST	ī		2a. DATE OF DEA	ATH MONTH	DAY	YEAR	26 HO	UR
		ebra	A	. Bı	1t.2		12-01				1:	1
3. SEX		4. RACE		5. DATE OF	BIRTH	.ve.an	6. AGE IN YEARS	LAST BIRTHDAY	MONTHS	ER I YEAR	HOURS	R 23
FE	EMALE	WHITE		MS TH	6°AY	56	27	YI	RS			
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10 CI	ITY OR TOWN OF DEATH		OSPITAL, NURSING		OTHER INSTI	TUTION	Balt:	UPATION	120	KINDO	F BUSIN	ESS
B	altimore		hns Hop		Hoeni	+ > 1	Clerk	MOST OF WORKI	C	DUSTRY nes a	pea	ık
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Ма	aryland 13b. Co	DUNTY	Baltimo	re	3d. INSIDE CIT	NO []	5211 AX	shian	d Av	e. 2	2120)5
	ATHER'S NAME				5. MOTHER'S		ME					_
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14 - 14	WAS DECEASED EVER IN U.S.	ABASED SORCES? II	16b. SOCIAL SECUI	DITY NO. 11	7 INFORMAN			ADDRESS	wy.	all		_
100 V		GIVE WAR OR DATES)					tz 5211	Ach1	and /	Are	21	2
	110		ELJ-12-	-0409	петы	JII DU	7~3.1	TIBILL				
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one cause per li	ine for (o), (b), one	d (c).1		. 0				BETWEEN	DNSET AN	D DI
	Conditions, if ony, which gove rise to immediate couse iol, stoling the underlying cause last.	(b) DUE TO, OR (c)		NCE OF			to th			PARI 11s		
TION	gove rise to immediote couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAT	DUE TO, OR (c) NT CONDITIONS CO	AS A CONSEQUE	NCE OF M. DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN			
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DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please settings deficing pobers. Fewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

12:13:0 A - 12:13:0 A - 12:13:0 A - 12:13:0 re de la companya del companya de la companya del companya de la c Palaconando Cara Departa nacional de la constanta de la consta End Agence x 11 List of Lind avo. 21205 Alls . ove bester file men montel Chile-RT-Ell Contact and the same 4 3 6 4 5 district of the posterior of the country all bromidin

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH 26 HOUR I. DECEASED NAME FIRST (TYPE OR PRINT) 2 BETTY BYRD L. & AGE (IN YEARS LAST BIRTHOAY) IF UNDER TYEAR 4 RACE 5. DATE OF BIRTH 31 Female White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED E NEVER MARRIED Maryland BALTIMORE CITY DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR IR CITY OR TOWN OF DEATH 17a USUAL OCCUPATION (TYPE OF WORK FOR MOSL OF WORKING LIFE)
HOUSEWITE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE THE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 3738 Hickory Ave. 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 21211 Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST Smith Pear] unknown George 16b. SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 212-28-5445 Claudy W. Byrd 3738 Hickory Ave. 21211 No 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and ic PART I. DEATH WAS CAUSED BY Intracvanual IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF thrombocy to penja Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse NON-Hamphacttic NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION KONING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [NOX 716 TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

ATTENDING

CITY OR TOWN COUNTY

STATE

220 I certify that (1) (this hospital) attended the deceased from December 10 19 8-3 December 19 10 83 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE

PHYSICIAN 22e ADDRESS

DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATOR Crest Lawn Gardens

Baltimore

MEDICAL

Mary l'and

24 FUNERAL DIRECTOR

Burial

ATan Seitz, Jr. 3818 Roland Ave,

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

De rember 19

DHMH - 16 50M 4/83 (VRA 15, 4)

shauld be deto

MPORTANT

arked

22 31 52 x x 21210 Cusemie x 2750 ichor vs. 21211

5-1 1 ---

Letis 12/2/3 Erest Lax Develors.

STATE OF MARYLAND

	CERTIFICATE OF DEATH	REG. NO),	
MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
S.	BYRD	DEC . 31	1983	10:45 A
RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
Black	Jan. 23 1918	65	YRS	3 MOORS MIN.
U.S.A.	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City of	-	W
OF THE SUCH FACILITY CITY STEELS	sing home or other institution Estappressit. Gen. Hospit	120 USUAL OCCUPATK IT PE OF WORK FOR MOST OF NURSE	WORKING LIFE) INDUSTR	of Hydres 8
Balti	DWN 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2029 N . I	ukeland	21210 St.
A. LAST	ee Sr. Rosetta	WIDDLE	Scot	t
D FORCES? 166 SOCIAL SE AR OR DATES) 212 2	2 6216 Matthew By:	rd 2029 N.		Street
one cause per line for (a), (b), Y:	Respiratory Distres	k Systrome	APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	me freumenia	MINAL DISEASE OR COND	ITION GIVEN IN PART	lio

the funeral director, page 3 d within 72 hours after death led in by the papers. Page other trou prior to burial, cr After this certificate has been signed be for use as the burial-transi of Health and Mental Hygi morked or MPORTANT: If hem 21 is should be detached for with the State Dept. of I

puo

21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE | NOT WHILE

CERTIFICATION

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Female 7a. BIRTHPLACE (STATE OR FOREIGN "Virginia IO. CITY OR TOWN OF DEATH Baltimore

Maryland 14. FATHER'S NAME

(YES, NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OT

iam 16a WAS DECEASED EVER IN U.S. ARMI

> 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED

Conditions, if ony, which

gave rise to immediate couse (a), stating the underlying couse lost

190 DATE OF OPERATION

PART 2. OTHER SIGNIFICANT CO

3. SEX

13a. STATE

FIRST

EHIL

136 COUNTY

LIF YES GIVE V

IMMEDIATE

21e. PLACE OF INJURY

P.M.

AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

STATE

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on DEC 3 3 (19 saw the deceased alive an DEC and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION, REMOVAL 23b. DATE

C.VERGARA-SOARES

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

231. NAME OF CEMETERY OR CREMATORY Jan.4, '84 Arbutus Mem. Pk.

GEN. HOSP. 23d LOCATION CITY OR TOWN

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR.

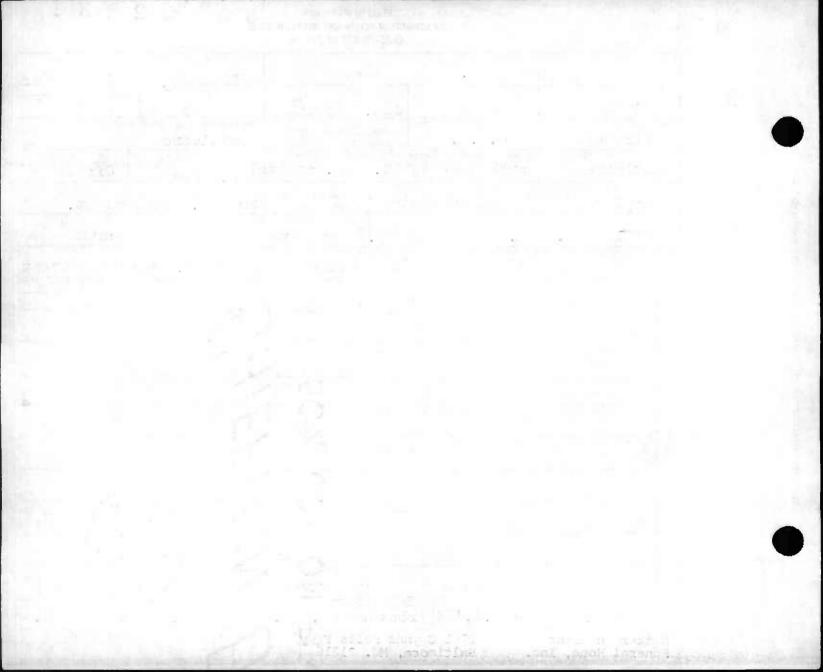
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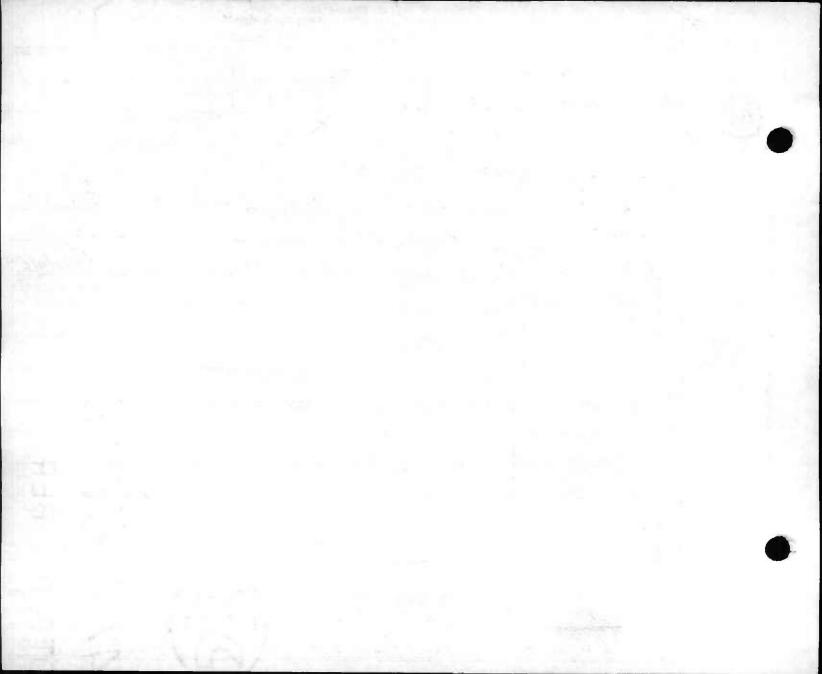
24 NUETAL DIRECTOR Sons Funeral Home, Inc.

(SPECHY) Burial

2501 PKWY 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Baltimore, Md. 21216

Malate





STATE OF MARYLAND

1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF	MENTAL HYG DEATH	GIENE	REG. NO	D.		
	CEASED NAME	FIRST	MIDDLE	i	AST		20 DATE OF	DEATH	MONTH	DAY YEAR	20
(I I I	Kevin		Ρ.	Ву	rne		Dec.	23,	198	3	10:05
1.58	×	4. RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRT		IF UNDER TYE	
	Male	White	е	Feb	12,	1905	78		YRS.	MONTHS UA	AYS HOURS MIN.
-	RTHPLACE (STATE OR FORE	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER	MARRIED	9 BALTIMOI Balt	_	_		AAF
10. ⊂	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET I	G HOME (OR OTHER INS	NOITUTION	120 USUAL CONTROL OF WORK	CCUPATION MOST OF	ON WORKING LIF	126 KIN	D OF BUSINESS OR
13a S		HOME COUNTY COUNTY Baltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Dundalk	N	13d INSIDE	CITY LIMITS?	13e STREET A	.DDRESS /	zip code an W	ay,	21222
1	ATHER'S NAME EIRST	WIDDLE	LAST			'S MAIDEN NA	ME	MIDDLE			LAST
J	oseph		Byrne		Hann	ah			_	ordor	n n
16a V	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCES? # YES, GIVE WAR OR DATES)	098-05-		Mrs.		Humph	reys		e as	line 13
z	underlying couse	hich (b)_	ONTRIBUTING TO D	NCE OF	NOT RELATE	D TO THE TERM	AINAL DISEASE	OR CONE	DITION GIV	EN IN PART	T 110·
CERTIFICATION	190 DATE OF OPERATIO	IN IN COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTO	PSY?	IN CERTIF		NDINGS USED SES OF DEATH?
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL	SE OF DEATH HOUR A		YEAR	21c. HOW II	NJURY OCCUR	1.20		1		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCAT			CITY OR TOV	WN	COUNTY	STATE
	sow the deceased	olive on	3 191	1	nd that in (my)(our) opinion	death occurred	d on the do	te and hou	r ond Irom	—, that (I) (we) lost the couses stated
	226. SIGNATURE	Tallet			DEGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF	F IAN 🖾	12. D	ATE SIGNED
	226 PHYSICIAN'S NAM		roz		120 ADDRE	Suste	in Aus	RAI	1 Ma	tri	ul
23a.	BURIAL, CREMATION, RE	MOVAL 236. DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	23d. LOCA	TION			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this should be detoched for use as with the State Dept. of Health IMPORTANT: If Hem 21 is

> Cremation 12/27/83

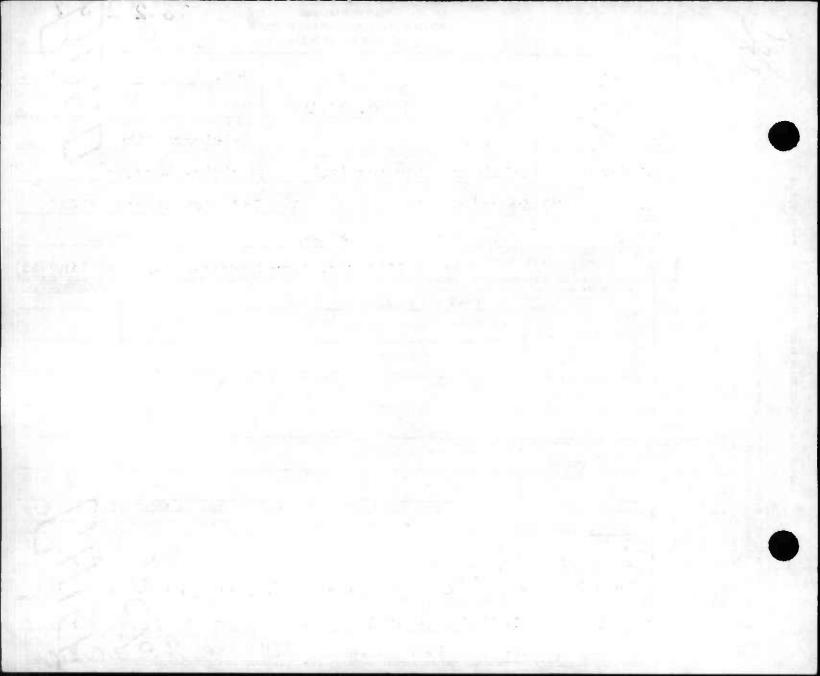
Maryland

74 FUNERAL DIRECTOR
Duda-Ruck Funeral Home of Dundalk, Inc

Westview Mem. Park Baltimore, Marylar

256. Date Rec'd. By Registrar's Signature

DEC 2 7 1983



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other troumotic event, the medical

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND

1.	STATE REGISTRAR			DE			ICATE OF		GIENE	REG. NO.			
	CEASED NAME OR PRINT)	elix		J.			Calka			December 2,			2b. HOUR
3. SE	х		4 RACE		5.		OF BIRTH	·	6 AG	E (IN YEARS LAST BIRTHDAY)	-	UNDER I YEAR	IF UNDER 24 HRS
	Male		White			June		1916		6.7	YRS MC	DNIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FO	ORE IGN	Th CITIZEN OF			MARRIE	D NEVE	R MARRIED	1	Baltimore (UNTYC	OF DEATH	
-	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, I	NURSING I	HOME C			12a L	JSUAL OCCUPATION			OF BUSINESS OF
	altimore		5309 B	arbara	a Ave.					alesman	(ING LIFE)	INDUSTRY	ance
USU.	AL RESIDENCE (IF NURSIF	13b COUN		136 CITY C		MISSION)	E13d INSIDE	CITY LIMITS?	1130 5	TREET ADDRESS			
Ma	ryland				imore		YES X	NO 🗌		09 Barbara	Ave	. 2120	6
14. FA	THER'S NAME		AIDDLE		AST		15. MOTHE	R'S MAIDEN N					
	John		N.		Calka		Loi	retta		MIDDLE	Kal	icinsk	
	VAS DECEASED EVER I			166 SOCIA	AL SECURIT	Y NO.	17 INFOR			ADDRESS	100.2	20211011	-
	YES, NO OR UNKNOWN)	WW	WAR OR DATES)	212-1	18-82	52	Ruth	N. Call	ka	5309 Barbar	a A	ve 21	206
TIFICATION	Conditions, if ony, gove rise to imm couse (o), storting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	ediate the last.	(b)	Ath	NSEQUENCE NO VO	E OF SCH	ero si Not relat		200	DISEASE OR CONDITION AUTOPSY? 200 INC.	IEYES,	WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDER OR CONTRIBUTING COLUMN CIFETHER, NOTHEY MEDIC 21d. INJURY OCCURR WHILE AT WORK AT WORK 22g. I certify that (1)	AUSE OF DEA ALEXAMINER ED	P., 21e. PLACE (AT HOME, STR	M. MONT M. OF INJURY REET, FACTORY.	OFFICE, FARM	YEAR 19	216. HOW 211. LOCA STR	TION	RRED (E	CITY OR TOWN	M 18 PAR	COUNTY	STATE
	sow the decesses obove () (we) (di 27b. SIGNATURE 27d. PHYSICIAN'S NA Patricia	d plive on . id vaid no	View he body	lan.			DEGREE MP. 220. ADDR	ATTENDING PHYSICIAN ESS	DIRE	DICAL STAFF ECTOR PHYSICIAN [12 /2	
23o. E	BURIAL, CREMATION, R		23b. DATE	is D.	23c NAA	AE OF C		R CREMATORY		d. LOCATION		F-12/11-1	
	SPECIFY) Burial		Dec.5	1983	Sacr	red	Heart	of Jesu	us	Baltimore		Mary	land

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Burial
M FUNERAL DIRECTOR
Leonard J. Baltimore, Md. Ruck, Inc.

Jesus Baltimore
250: DATE REC'D. BY REGISTRAR 256

Maryland

2 2 Ottori and ancies with a constant consisting Linday servers setting and suggested in the man man from the first and the suggested of sides in the for the Types of Cylinder 1975

the Bill of Jak the control of the c

(VRA 15, 4)

18	1 -	FOR Lawrence L STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		9 7
(NO)		ORPRINT) LAWREN	CE L.		VERT	14 -1114 -11	2 31 8°	3 430AM
W	3. SE:	MALE	4 RACE WHITE	5. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
ne funeral dir with 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
by the further desired with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR	RE BE	NERAL HOSP	Civil Def	F WORKING LIFE) INDUST	TRYU.S.
filled in could be remarked		MD MA	DIHER INSTITUTION GIVE RESIDENCE BEE	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔼	130. STREET ADDRESS 204 WE		AVE
ompletely ond 2 sh]4, FA	THER'S NAME FIRST GEORLE	W. CALVI	ERT	15. MOTHER'S MAIDEN NA/ FIRST CARRIE	MIDDLE		ERLAND
on and co		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES) 166 SÓCIAL SE 217 01		Mrs Pearl S	. Calvert	Same as 13	PROXIMATE INTERVAL
quires that the death certifics signed by the attending ploase remove carbang to burial, cremation, or remainty, or other traumatic even	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF DUENCE OF OF DEATH BUT	TRACHEOSTOM		DITION GIVEN IN PAR	IT I (a
on. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	3 DYSPNEA Z		N WAS PERFORMED CYNGEAL MASS	700 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	
G PHYSICIAN: T offereding physici physici er this certificate the buriol-transit and Mentol Hyg and Mentol Hyg ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OC CURRED WHILE AT WORK AT WORK	AIH	19	21t. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE OF INJUI		-
AL OR ATTENDIN , the haspital or of AL DIRECTOR: After definition of Health THEM 21 is mor		220.1 certify that (I) (this hasp	oital) attended the deceased from 12, 3 19 of) view the body after death.		nd that in (my) our opinion of the property of	MEDICAL STAI	22c. D	
TO HOSPITA eroined by its TO FUNETA should be de- off the Stoti		DAVID MA	ORPRINT)	M		ANOVER	ST	
BP		SURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 1		emetery or crematory	23d LOCATION CITY OR TOWN Glen Bus		STATE Md
DHMH - 16 50M 4/B2		uneral director	4001 Ritchie		25a DAT	E REC'D. BY REGISTRAR		2. Comile

SANTA TARGET TO THE TARGET AND THE

caccas, James All Attache Laws, palto he

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR		CERTI	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	WIDDFE	L	A5T	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYP)	Edgar	Paul	Campbe	ell	12-20-83		2:08 AN
3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	Male	White	117-	15-03° YEAR	80 YR		HOURS MIR.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUP	TY OF DEATH	
N	Pa.	U.S.A.	WIDOWE		Balto. City		MD
10. C	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
	Balto.	5016 Frankfo		•	Ret. Auto Mech		
USU 130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 136. CITY OR TO Balto.	OWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 5016 Frankfor	d Ave. 2	21206
14. E.	ATHER'S NAME	Daroo	•	15. MOTHER'S MAIDEN NA			
		Campbell Campbell		Annie	MIODLE	Buck	AST
16g. 1	WAS DECEASED EVER IN U.S. AR		ECURITY NO.	17. INFORMANT	ADDRESS		
		VE WAR OR DATES) 174-16-	-3415	Anna Newman	, Same as 13e		
		nly one couse per line for (o), (b).				APPRO	XIMATE INTERVAL
CERTIFICATION	PART 2. OTHER SIGNIFICANT (196. CONDITION FOR WH				GIVEN IN PART 1. YES, WERE FINDI	INGS USED
					YES NO	YES 🗍	NO 🗆
1	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	ZIC. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}	
MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
MED	21d. INJURY OCCURRED WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		11/	10 83	10 DEC, 20	10 /3	, that (I) (we) last
	22a.1 certify that (1) (this hasp sow the deceased alive on	n DEC, W	-0	, 17	death occurred on the date and	haur and from the	
1	abave, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the bady after death.	221 - 70	DEGREE			E SIGNED
	oT /		m.D	ATTENDING	MEDICAL STAFF		
1	22d PHYSICIAN'S NAME GYPE	OR PRINT)	,,,,	22e ADDRESS	DIRECTOR PHYSICIAN		
	Lydia Jumamo	U		Church H	ospital		
23a.	BURIAL CREMATION REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Burial	12-23-83	Dulane	y Valley	Balto. , Md	COUNTY	STATE
	FUNERAL DIRECTOR				TE REC'D. BY REGISTRAR 256, REC	SISTRAR'S SIGNA	TUPE . A
	Leonard J. Ruck	c, Inc., 5305 Ha	rford F	ld. N	EC 2 1 1983	olung.	takely
-							

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carban pape: with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar removal.

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174-16-2515 same once on the 152

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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO.	32241
		CEASED NAME OR PRINT) X MALE	Ry BLI	E.	S DATE O		6. AGE LAST BIRTHDA	ONTH DAY YEAR 26 HOUR 15 UNDER 1 YEAR 15 UNDER 24 HRS WONTHS DAYS HOURS MIN
MA	7a. B	RTHPLACE (STATE OR FOREIGN	V	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY OR C	a city "
00	10	ACIMORE	GREA	HEACILITY, GIVE STREET	ADDS(SS)	OR OTHER INSTITUTION W. V. H.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	
100	136. 5	13b. COL		131. STY OR TOW	O		13. STREET ADDRESS	GULL AU,
Boo		THER'S NAME George	WIDDIE	Campbe	11	Martha	WIDDLE	Cärter
medical		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	166 SOCIAL SECU 213-28-		Margaret W	oodland 10	04 Stoddard Cou
ol, cremotion, or remover other troumotic event		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS MAKEDI. 2 500 Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost.	DUE TO, OF	AS A CONSEQUE	NCE OF	e Vasen	la Vise	are. Approximate interval are. Yes Yes Yes
jiene prior to burio hows ony injury, o	CERTIFICATION	PART 2 OTHER SOUTHEANT	100	TION FOR WHICH	2	NOT RELATED TO THE TERM	200 AUTOPSY? 20	ON GIVEN IN PART 110 ON GIVEN IN PART 110 ON OF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \)
rond Mentol Hygie rked or Item 18 sho	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ATH HOUR A./	m, month da m.	19	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	(TEM 18 PART LOR PART 7) COUNTY STATE
State Dept. of Health		22a 1 certify that (this has sow the deceased alive a above, (olive) (did) (ali	12-	16 19		19 nd that (our) opinion of DECREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the couses stated 22c. DATE SIGNED
APORT,		RICHAR	1 79	1500,	MA	BA	wo x	21215

231. NAME OF CEMETERY OR CREMATORY

BP DHMH-16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

Willfam C. March F/H 110 TESE. North Ave

12/20/83

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

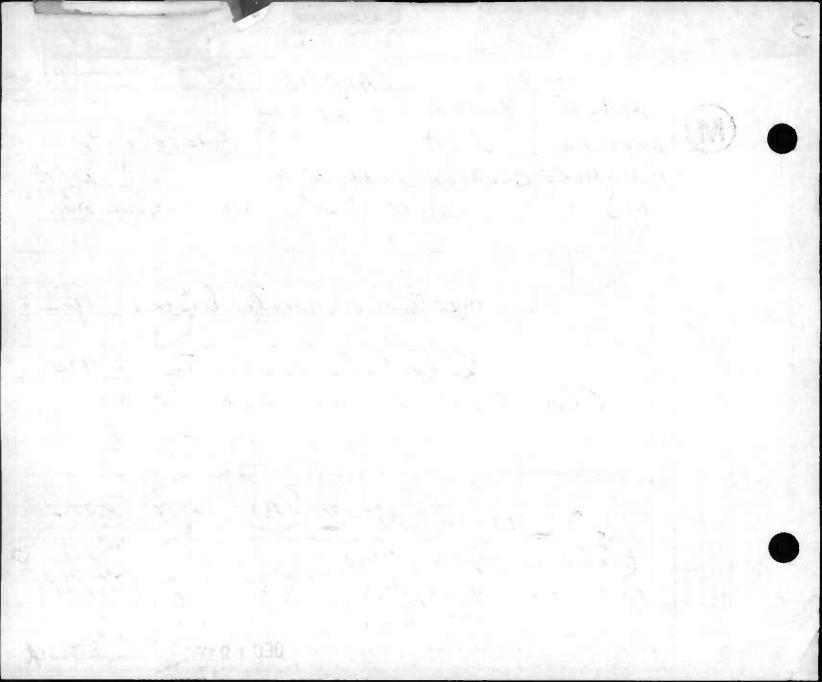
24 FUNERAL DIRECTOR

Arbutus Memorial

23d. LOCATION
Arbutus

 $M\vec{d}^{\text{ATE}}$

COUNTY



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, pageshould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept; of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

requires that the death certificate be executed within 24 hours ofter death. Page 4

O HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or ottending physician.

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STATE OF MARYLAND

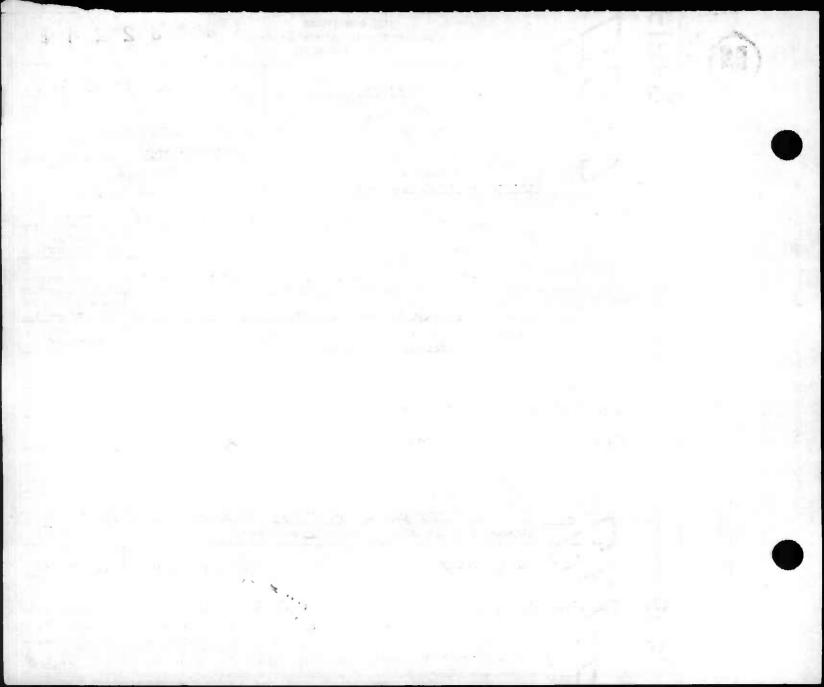
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	0	Circle 1	E in	-	- 6

1 - STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	to to the
1. DECEASED NAME FIRST (TYPE OR PRINT) MARY	MIDDLE	LAST	20 DATE OF DEATH MONTH	- 30 - 83 /2 PA
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Female	Black	MONTH DAY YEAR 2.7	56 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED		
S. Carolina		WIDOWED [X] DIVORCED [BALTIMORE CITY	126 KIND OF BUSINESS OR
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIAL.	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	
USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR			21202
Maryland 136.CC	DUNTY 136 CITY OR TOV		413 East Nor	XE
14. FATHER'S NAME FIRST Lester	MIDDLE LAST MC Man	15. MOTHER'S MAIDEN N	MIDDLE	Funderburk
160 WAS DECEASED EVER IN U.S.			ADDRESS	runderburk
	GNE WAR OR DATES) 214-56-			orth Avenue
PART I. DEATH WAS CAL	r only one couse per line for (o), (b), or	rulmonary arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5370 Conditions, if ony, which	DUE TO, OR AS A CONSEOU	Ø		unknown
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	JENCE OF		
	1	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART TIO
Z-E synd	196 CONDITION FOR WHICH	operation was performed	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\sigma \text{NO} \square \)
	DEATH HOUR A.M. MONTH D	PAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2]
OR CONTRIBUTING CAUSE OF STREET, NOTIFY MEDICAL EXAM 21d: INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN'S	COUNTY STATE
sow the deceased alive	ospital pattended the deceosed from on necessary 19 on		on death occurred on the date and ha	ur and from the couses stated
22h. SIGNATURE	· 1 n	DEGREE		22c. DATE SIGNED
	notogether (. My	ATTENDING PHYSICIAN		12-30-83
224 PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS		
CHRISTOPHER	C. MAX	UNION MEMO	RIAL HOSPITAL	
230. BURIAL, CREMATION, REMOVE		NAME OF CEMETERY OR CREMATOR		COUNTY MYAIE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H Inc, 1101 North Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
2 JAN 3 1984



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FOR

STATE OF MARYLAND

2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	O.				
	CEASED NAME FIRST	WIDDLE	AST //	2s. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR				
2.65	Elmer	DAGE	Carroll	6. AGE (IN YEARS LAST BIT	12 06 83 /				
3. SE	m	RACE N Y	5. DATE OF BIRTH MONTH DAY YEAR 7 26 05	78	YRS.				
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) / /	W. S. A	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	Balb CITS				
10. C.	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		128. USUAL OCCUPAT (TYPE OF WORK FOR MOST)					
13e. S	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	eremassello Tob				
14. FA	ATHER'S NAME FIRST MIL	DDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST				
	WAS DECEASED EVER IN U.S. ARMI YES NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECUR VAR OR DATES) 2/5-16-	HTYNO, 17. INFORMANT	Carlinda 3	17 Ooll a				
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and	(1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DE				
	PART I. DEATH WAS CAUSED	BY: 40.1/	10 1- 01	V	BETWEEN ONSET AND DE				
	MMEDIATE								
	2030	7.0							
1	Conditions if any which								
1	Conditions, if ony, which gove rise to immediate								
	couse 101, stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying couse lost.								
		(6)							
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
Z	Ancora								
CERTIFICATION	minia			T	Ten 15 Med 11 Sec 60 10 10 10 10 10 10 10 10 10 10 10 10 10				
15	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED				
E				VEC D NOD	IN CERTIFYING CAUSES OF DEATH?				
E .				YES NO	YES NO				
8	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 21				
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	Y YEAR						
13	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		the second secon				
MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	211 LOCATION						
X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE, FAI	RM, ETC) STREET	CITY OF TO	COUNTY STATE				
	AT WORK								
	22s.1 certify that (I) (this haspital	nttended the decensed from	8/8 19.83	10 17-1	6 19 83 , that (1) (we)				
				1					
	sow the deceased alive on above (if (we) (did) (did not)	viewalth horizoitas darib	3_, and that in (my) (our) opinion	geoth occurred on the d	ote and hour and from the couses state				
	77% SIGNATURE	CO THE COOK OTHER CHARIE	DEGREE		224, DATE SIGNED				
	1177	I INT I		MEDICA:					
	hVh.	11/2/1/2-4	ATTENDING PHYSICIAN	MEDICAL STA					
-	Total Control of the	IN NOT HAVE		J DIRECTOR LI FITTSI					
1	224 PHYSICIAN'S NAME (TYPE OR P	RINT)	27s. ADDRESS						
1	I MALLIA	+ W/h /+ -	Maria	1/20	1				
	WIIIAN OI	MUNDI	PICKEY	HOLV					
1 23a F	BURIAL CREMATION, REMOVAL	23b. DATE	AME OF CEMETERY OR CREMATIONY	LUMIOCATION					
130	(SPECIFY)	1 / - / -	A CHEMINATOR CREMINATION	CITY OR TOWN	7 COUNTY - STATE				
	Perede	12/10/83 1	d. Mayrell no	TOU	1/2/ 1/1/5/ .				
26.5	INERAL DIRECTOR			TE NO DE DECISIONE	att projects and continued to the				
14	UNERAL DIRECTOR	1/ 1/	150 DA	TE REC'D. BY REGISTRAR	256. RECISTRAR'S SIGNATURE				
//	OCK - FUNCKE	h MOME TOME	4 DA ONOWOU	NCO 8 109	F				
-	- 111-1	10/100	111	11 0 130	r U				

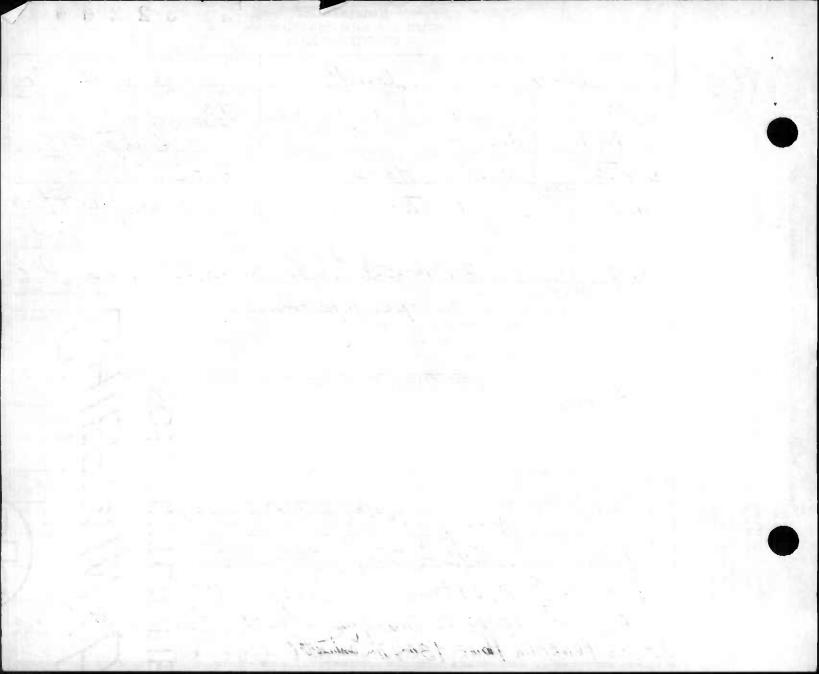
DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral eshauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Vand 2 should be filled within 72 hauth the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

retained by the hospital or ottending physician.

BP.



			STATE OF MA	ARYLAND		7.	
1 - STA		DEPA	RTMENT OF HEALTH CERTIFICATE		ENE O REG. NO.	2 .	4 5
DECEAS	ED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TIPE OR PR	RAYIL	IOND	CA RRO	Li.	12/21/8	F-3	11:24 MN
. SEX	4	RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	HALE	BUSCR	MONTH /	DAY YEAR	62 Y	RS DAYS	HOURS MIN.
e. BIRTHP	LACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTE	MARRIED N	EVER MARRIED	BALTIMORE CITY OR COL	INTY OF DEATH	
1	arriand	a. 5.4.	WIDOWED	DIVORCED [BACF	IMURE	e15th
0 CITY OF	R TOWN OF DEATH	. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	REET ADDRESS)		120 USUAL OCCUPATION		OF BUSINESS OR
1390	TIMORE	LY TITERS	TOSF	1776	Ri Ri Fen	The state of the s	
SUAL RES	SIDENCE (IF NURSING HOME OR OT	HER INSTITUTION GIVE RESIDENCE BE		4	501 to	nelin	Stree
FATHER		DLE LAST	15 MO	THER'S MAIDEN NAME	E MIDDLE	(AS	+
60 WAS D	DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SE	CURITY NO. 17 INF	ORMANT	ADDRESS	002	1011
(YES. NO	OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	- 8598 Cho	wles A. Ca	mail 4925	GoodA	Jow Rel
	AUSE OF DEATH (Enter only ART I. DEATH WAS CAUSED E	ay.		SPIRATO	DIRY ARRE	S7 BETWEEN	MATE INTERVAL ONSET AND DEATH
	+860 IMMEDIATE	AUSE (o)	,		3, 7	1	
Car	nditions, if any, which	DUE TO, OR AS A CONSEC	WIT Res	speriatory	Dishen	Systemse.	
gav	ve rise to immediate	DUE TO OR AS A CONSEC	OUEVICE OF	1 .0		6	
	lerlying cause last.	DUE TO, OR AS A CONSEC	(mus)	uma,	Likes	1	
PAR	T 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 1	0:
NO 190. D			1.7 -375				
U	DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS F	PERFORMED		F YES, WERE FINDIN ERTIFYING CAUSES YES []	
OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURIOSE MURY IN ITEM	M 18 PART (OR PART 2)	
21d.		21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	CE, FARM ETC)	CATION	CITY OR TOWN	COUNTY	STATE
22a. I	certify that (1) (this haspital)	attended the deceased from	n 12/10	19.83	, to 12/2/	19.83	that (I) (we) last

220.1 certify that (1) (this haspital) attended the deceased from 2 saw the deceased alive an 17/17 abave, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING PHYSICIAN

CUE TO 230 BURIAL, CREMATION, REMOVAL 236 DATE

23c NAME OF CEMETERY

23d LOCATION COUNTY

DATE REC'D BY REGISTRAR TO LEC 2 7 1983

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Item 21 is marked of Item

PHYSICIAN: The or attending physician

ATTENDING

HOSPITAL

etained by the haspital

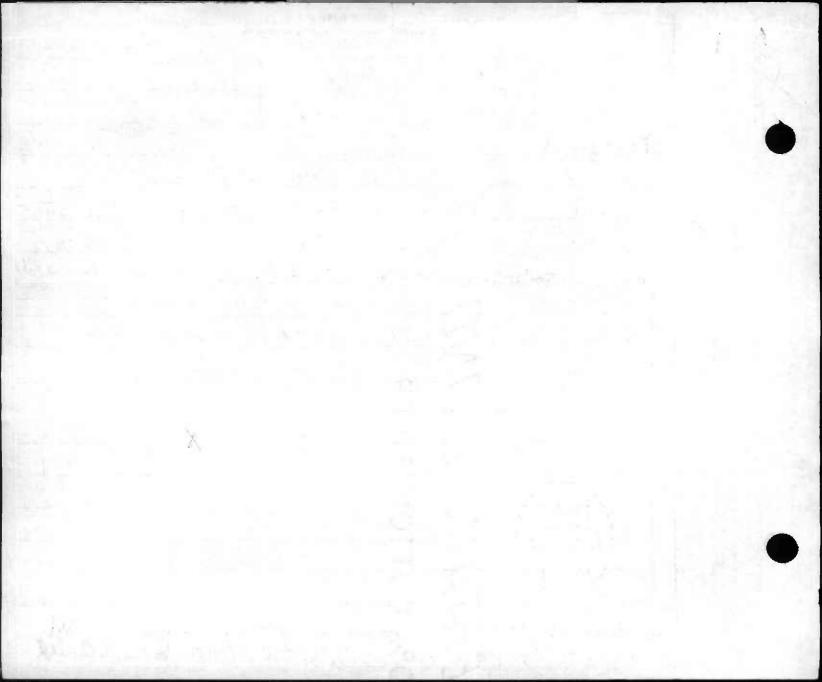
BP

injury, or other traumatic event,

physici

signed by the attending

24 FUNERAL DIRECTOR NAME



requires that the death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPART

						4.0
MENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
CE	RTI	FIC	ATE	OF	DEATH	

	FOR STATE		DEPA		IEALTH AND MENTAL HYG				
	REGISTRAR					REG. N	MONTH	DAY YEAR	Tat HOUR
	EASED NAME FIRST SULA	GREET	NE	Carr	70 11	2a. DATE OF DEATH	12 -	10-83	825 PM
3. SEX		4 RACE	4.0	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
J. JLA				MONTH	H DAY YEAR			MONTHS DAYS	HOURS MIN.
	Female		lack	10	19 1904	79	YRS		
	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY	<u> DR</u> COUN	IT OF DEATH	
	shington, Va.	U.S.	A .	WIDOWE		Baltimor	e Cit	ty	MD.
	Y OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
B	altimore	Mercy H	ospital			Beauticia	n	Self-E	Employed
USUA 13a. S1	L RESIDENCE (IF NURSING HOMI TATE 13b CC	E OR OTHER INSTITUTION	13c, CITY OR T	FORE ADMISSION) OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Balt	imore, Ma	aryland
Ma	ryland		Baltin	nore	YES X NO	2935 Gwynn	s Fa	Ils Parki	May 21216
14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	T.
Г.	Bruce	MIDDLE	Green	ne .	Mildred	MIDDLE		Barbo	ur
In W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SI		17. INFORMANT	ADDR	ESS P	altimore	, Md. 212
	ES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)			Araminta L.	Washington			•
11	No.		216-09	-2040	Araminua D.	washing con	2733		MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	RAS A CONSE	QUENCE OF	wyosarcymus	ofuterns		mo	aths
N	PART 2. OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE OR CO	4DITION (GIVEN IN PART 11	o
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WH	ICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDING TIFYING CAUSES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM	18 PART I OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a I certify that (I) (this he saw the deceased alive	on Dec	01	() 7	and that in (my) (our) apinion	death accurred on the		hour and from the	
	77h SIGNATURE	Now Y	5	P	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN	22c. DATE	10/83
	Donald		ai		Mercy Ho)SP .			
	URIAL, CREMATION, REMOV	VAL 236. DATE		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
(Burial	12/14	/1983	Md. Nat	cional Mem. Pk				Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remave carbanpapets: with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If hem 21 is marked or hem 18 shows any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicio

Funeral Home Inc.

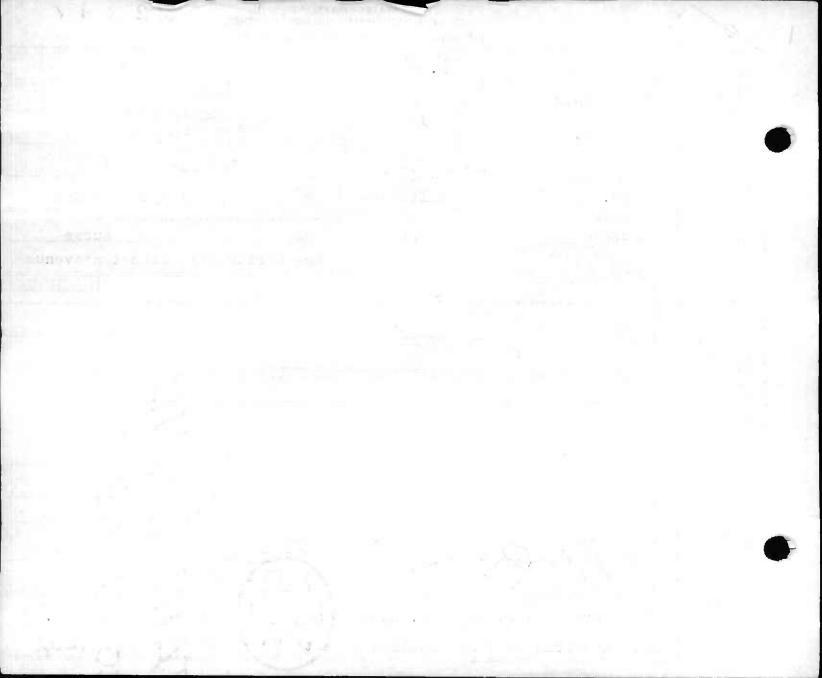
2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

BEC 3 Maryland

Sis . , mo His Storethe and where he med order that Samme Brille Boy Natura I pour 1991 Grynne Folls Floy. Well I usd galegar

Loitincts, Mc. 21226

tungent imme Inc.



STATE OF MARYLAND FOR STATE

						6 9	
EPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
					DEATH		

	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO				
	CEASED NAME	FIRST		MIDDLE	(AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
(TYP)	E OR PRINT)	FRED	ERKK	E	(ARTER		12	30	63	10:	50 PM
3 SE	х		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)		ER I YEAR	IF UNDER	
1	MALE		BU	ICK	THOM	13 17	6	6 YRS	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH		
	RYLAND		119		WIDOWE		CIT	4				MD.
	ITY OR TOWN OF D	EATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			. KIND O	F BUSIN	
RI	LTIMORE			H FACILITY, GIVE STREET			TRUCK DR		G LIFE) I IN	DUSTRY		
UsU	AL RESIDENCE (IF N	URSING HOME O		GIVE RESIDENCE BEFORE	ADMISSION)							
	STATE	136 COU	NTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			0	1216	
	ATHER'S NAME			L BALTIMOI	(Ε	15. MOTHER'S MAIDEN NA		RVIEW	AVE.		1210	
14.77	FIRST		MIDDLE	LAST		FIRST	WIDDLE			LA5	ıΤ	
	GEORGE			CARTER		ELIZA			DUI	VGEE		
	WAS DECEASED EVI		MED FORCES?	166. SOCIAL SECU	RITY NO.	17_INFORMANT	ADD	RESS				
,	NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		213-18	7713	JANEY CARTE	R 3504 FA	IRVIE	WAVE		2121	6
				line for (o1, (b), on	d (cs.)					BETWEEN	MATE INTE	PEATH
	PART I. DEATH		TE CAUSE (o)	RESPIR	STOTAS	Y ARREST				10	MIN	J.
	11079	#		R AS A CONSEQUE	NCE OF							
	Conditions, if or	nv. which	(b)	PN	Eumo	NIA / DPLEU	RAL EFFUSIO	N		3	DAY	5
	gove rise to i	mmediate	,									
	underlying cou		DUE TO, O	R AS A CONSEQUE	A MOUS	CELLUNG CA:				5	HON	THS
	DART 2 OTHER SI	CALIETC ANT	CONDITIONS C			NOT RELATED TO THE TERM		NDITION (GIVEN IN	PART I	0	
Z	PART 2. OTHER 3	GIVIFICATIVI	COMPINONS C	ONTRIBOTING TO I	DEATH DOT	NOT KEERIED TO THE TERM	WINAE DISEASE ON CO	TAD III OIA	OIVE/V IIV	T AKT TH		
CERTIFICATION	19a DATE OF OPER	RATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WER			
E.			1					IN CER	RTIFYING	CAUSES		
RT	21a. ACCIDENT WAS	INDERIVACE F	7 21b. TIME C	SE INTUIDY		21c. HOW INJURY OCCUR	YES NO		YES	D D 407 21	NO [
	OR CONTRIBUTING		LICIAD A	M. MONTH D	YEAR	THE HOW HAJORT OCCUR	TENTER NATURE OF IN	JURY IN HEM	IS PART I O	KPARI 2)		
CA	(IF EITHER, NOTIFY M			Μ.	19							
MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	C	OUNTY		STATE
2	AT WORK AT	WHILE										
	220.1 certify that				12	128 19 83	, to	130	19.0		that (l)	
	sow the dece	osed olive or	ot) view the body	O 19_	83 ,0	nd that in my (our) opinion	deoth occurred on the	date and h	hour ond	from the	causes st	oted
	226 SIGNATURE	(July) (July III	SIT VIEW THE BOOK	difer dediti.		DEGREE			12	20 DATE	SIGNED	
	Dou.	gles b.	Martz	Di,		ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN M		12/	30/8	3
	224 PHYSICIAN'S	NAME (TYPE	OR PRINT)	/		22e ADDRESS		-		-		
	DOUG	LAS G.	MART	Z JR.		SINAL	HOSPITAL	of	BAL	MYC	DRE	
23a	BURIAL, CREMATIO				VAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	BURTAL	-, KEMOYA	A STATE OF THE STATE OF				/ CITY OR TOWN	IDE	COU	MIY	RYLA	(In)
			1-51 8	4 /	KRUIL	IS MEM. PK.	BALTIMO	IKL		MA	17 LM	10

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician because the property of the please remove carbon papers. Personal transfer and the property of the please remove carbon papers. should be detoched for use as the buriol-transit permit. Then please remove carbanpape with the State Dept' of Health and Mental Hygiene prior to burial, cremation, or removal

etoined by the hospital or ottending physician

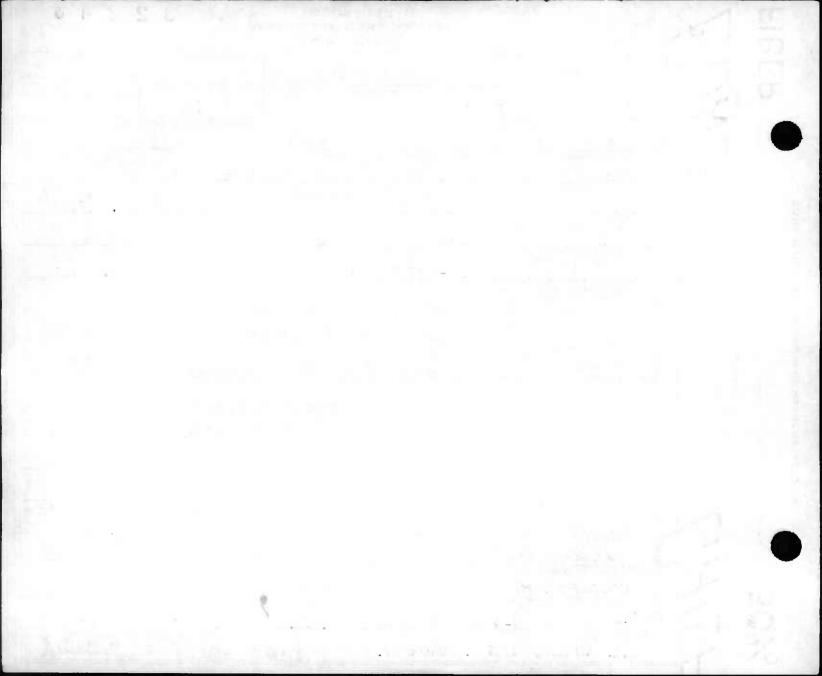
BP.

injury, or other troumotic event,

MPORTANT: If hem 21 is morked

24 FUNERAL DIRECTOR
E. L. PHILLIPS 1721 N. MONROE ST. (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE



in by

carban papers. Pages 1 and 7 ond

njury, ar ather traumatic please signed by

and Mental Hygiene prior ta burial, certificate has been burial-transit per marked or them 18 shaws

ATTENDING PHYSICIAN: The attending physicia attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	2	2	1	23
U	Ga	han	-2-	1

P	- STATE REGISTRAR	VII ANN	CERTIFICATE OF DEATH	REG. NO.	
	PECEASED NAME FIRST	MIDDLE	ARTER	20. DATE OF DEATH MONTH JEC -30	DAY YEAR 26 HOUR - 6 15 A A
١	MALE	EAU CAUSIAY	5. DATE OF BIRTHY DAT 1897	6. AGE (IN YEARS LAST BIRTHDAY) ### 96 YRS.	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	N. CAROLINA	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BACTIMORE CITY OR COUNT	e cith mo
	BACTHORE	JOUTH BALTIMORE	GEN. HOSPITAL	TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
130	UAL RESIDENCE (IF NURSING HOME OR OT STATE 13b, COUNTY		N 134. INSIDE CITY LIMITS? YES YOU D		DEME HOUR.
14.	FATHER'S NAME	TY CARTE	R 15. MOTHER'S MAIDEN NA FIRST ANN	- MEDUME	BOE LAST
160.	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) I IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU NAR OR DATES) 218-63-\$2	17 INFORMANT 2988 PHYLLS S	ichuirz 414 N	seletion ed
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED) 263 PIMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) MAL	TORY ARREST. ENCE OF ENCE OF ENCE OF ENCE OF	PS/5·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TION			DEATH BUT NOT RELATED TO THE TERM		
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
_	OR CONTRACTOR CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LATHOME STREET, FACTORY OFFICE, F.		CITY OR TOWN	COUNTY STATE
	22n L cartifu that (I) (the bosnita	Dattended the decensed from	leclined 11 1073	10 Slove, 50	19 15 that (I) we last

sow the deceased alive on above, (I) We (did) (did not) view the body after death 226. SIGNATU

10000

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

BURIAL

230 BURIAL, CREMATION, REMOVAL

226. PHYSICIAN'S NA

3001 231. NAME OF CEMETERY OR CREMATORY OF GARDENS

22e ADDRESS

236. LOCATION CITY OR TOWN

COUNTY

STATE

BP

TO FUNERAL DIRECTOR: After this should be detached for use as the with the State Dept. of Health and

etoined by the

TO HOSPITAL

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

COMMELLY

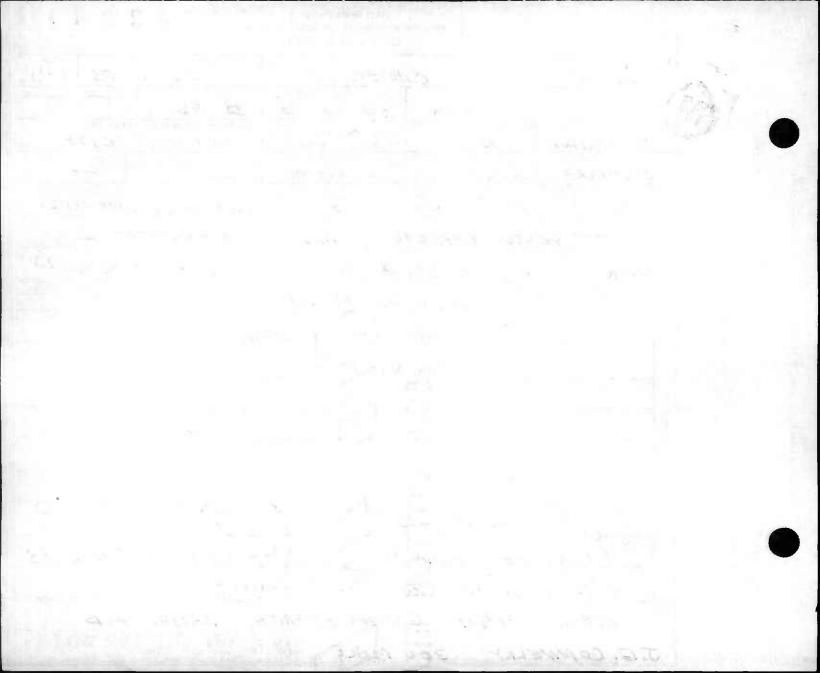
23b. DATE

13, 8K

> 300 MACE

250 DATE REC'D.

and that in (my) (60r) ppinion death accurred on the date and hour and from the causes stated



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the drush certificate

etoined by the hospital or offending physician.

BP.

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ı		REGISTRAR				CERTIF	ICATE OF DEA	IH	REG. N	0.			
ı		CEASED NAME	FIRST		MIDDLE	(LAST		2a DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
ı	TYPE	OR PRINT)	MAL	JRICE	E.	CARTE	R. SR	. 1		12/	24/	83	5,25Pm
ı	3. SE>	(RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)		ER I YEAR	IF UNDER 24 HRS
		Male		White	Э	Dec		09	74	YRS	MONTH	DAYS	HOURS MIN.
		RTHPLACE (STATE OR I	FOREIGN 7	b. CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER MARI	PIED [9 BALTIMORE CITY	R COUNT	Y OF D	EATH	
		MD			JSA	WIDOWE	D DIVOR	CED 🛛	Baltimo		ity		MD.
À	10. CI	TY OR TOWN OF DEA	ATH I			URSING HOME (STREET ADDRESS)	OR OTHER INSTITUT	ION	12a USUAL OCCUPAT		LIFE) IN	. KIND O	F BUSINESS OR
	1	Baltimor					ral Hosp	oital	Engraver				rman Co
7		AL RESIDENCE (IF NURS	13b. COUNT		13c. CITY OR		13d. INSIDE CITY L	IMITS?	130 STREET ADDRESS 604 Hard	ing F	Plac	e 2	1211
J	4 FA	THER'S NAME		IDDLE	LAS		15 MOTHER'S MA	IDEN NAM					
7		George	~		Carte		Anr	nie	WIDDLE			? LAST	
1		VAS DECEASED EVER		VAR OR DATES	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDR	ESS			
1		Yes	WW		213 0	1 4966	Timoth	y Ca	rter,	9	Sam	e	
1		IS CAUSE OF DEAT	H (Enter only	ane couse per	line far (a), (b), and (c).)						APPROXU BETWEEN C	MATE INTERVAL
1		PART I. DEATH W	/AS CAUSED IMMEDIATE		ASPI	RATION	N PNEUM	ONIA	E CARDI	AC A	RRE	SI	
1		4275			D 45 4 50NII	FOURNIES OF							
1		Canditions, if any,	which	DUE TO, O	SEVE	RE C	OPD						
ı		gove rise to imm	mediate)			-1						
1		underlying cause		DUE TO, O	CART	SEQUENCE OF	PREST						
1		PART 2. OTHER SIGN	VIFICANT CO	101				THE TERMI	nal disease or con	DITIONG	IVEN IN	PART III	
	N O				TOV.		New York			211.01.01			4.1
7	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?				NGS USED
1	TIE								YES NO		IFYING	CAUSES	OF DEATH?
Ħ	GE	21a. ACCIDENT WAS UND	DERLYING	21b. TIME O			21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJU		beaut	R PART 2)	
		OR CONTRIBUTING (HOUR A.		DAY YEAR							
١	MEDICAL	21d INJURY OCCURE		21e. PLACE	OF INJURY		211 LOCATION						
1	×	WHILE NOT WH	HILE	(AT HOME, STR	REET, FACTORY, O	FFICE, FARM, ETC.)	STREET		CITY OR TO	/		YINUC	STATE
		220.1 certify that (1)		l) attended the	e deceased f	rom	12/24	0.83	to	2/24	19	33	that (1) We last
1		sow the desease above, (1) (we) (ed olive on_		12/24	- A	nd that in (my) (dur	Depinion d	eath occurred on the d	ate and ho	ur and f		
ı		22b. SIGNATURE	(ala nor)	view the body	1.		DEGREE				2	2c DATES	SIGNED
9		A.C.	Cho	wali	r,m.	0.		NDING T	MEDICAL STA			12/	24/83
i		22d. PHYSICIAN'S NA					22e ADDRESS					1	1100
		A.C.	CHO	UVAL	-IV)	D.D.	NORTH	CHA	PLES GE	NERA	+L	1405	P.
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUN	NT V	STATE
		Cremat		12/28			Mount		Balto.,			M	D
	24 FU	INERAL DIRECTOR	Henry	/ W	Jenkin	s & Sor	ns Co.	250. DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S	SIGNATI	URE .

21212

Balto.,

MD

DEG 27

DHMH - 16 50M 1/B1 (VRA 15, 4)

4905 York Road

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumate event. Item

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detacked for use as the burial-transit permit. Then please interpreta with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

in relations to the state of th Yes washing wife of the Cartana and the San Tarana 10., H TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR	
-	STATE	

STATE OF MARYLAND

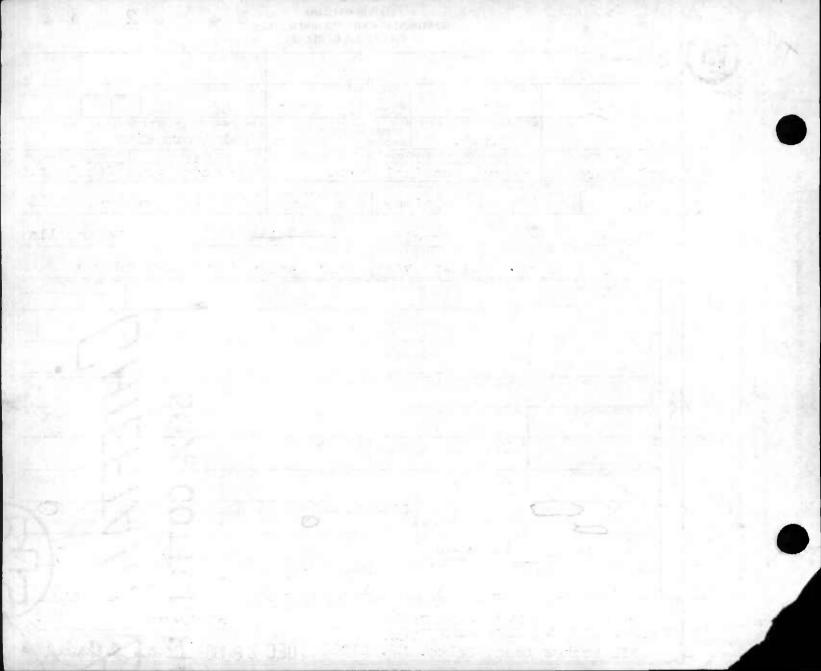
	DECEASED NAME	FIRST	A	AIDD(E		ICATE OF DEATH	REG. NO		YEAR	2b. HOUR
4.5	YPE OR PRINT)						20. DATE OF BEATT		76.00	28. HOUR
33		TIE	A C.F.		CAR!		DECEMBER 1.		UNDER 1 YEAR	4:20
13	SEX	4. R/	ACE D1.	1-		pt 3, 1904			ITHS DAYS	HOURS A
27	Female			ack	26	pt 3, 1804	79	YRS.		
70.	BIRTHPLACE (STATE OR FOR COUNTRY)	EIGN 7b. C		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
4				.S.A.	WIDOWE		Baltimore			
18.	CITY OR TOWN OF DEATH			HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE)	126. KIND O INDUŞTRY	F BUSINESS
	Baltimore			d General		pital	Reti	red	0	
5 130	UAL RESIDENCE (IF NURSING	& COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	0	40	91
	Md	0	-0-	Baltimo	re	YES 🖳 NO 🗌	2121 Windso	r Garde	en Lan	e
14.	FATHER'S NAME	MIDDI	LE.	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS1	
4	William				.0134	Unknown				-
160	WAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS	THE C	
	YES, NO OR UNKNOWN)	0	OK DATES)	215-32-2	2698	Inez Hulett,	2121 Winds	or Gard	len La	ne
	18 CAUSE OF DEATH	Enter only or	ne couse per	line for (a), (b), one	d Ici.					MATE INTERVA
	PART I. DEATH WAS	CAUSED BY		ardiac A	rrest					
	1001	AMEDIATE CA	AUSE (o)	ararac M	22000					
E	1771			AS A CONSEQUE					1	
1	Conditions, if any, w		(b) E	lectroly	te im	<u>balance</u>				
13	couse (a), stating underlying couse	the 1		R AS A CONSEQUE						
	onderlying coose	1051.		etestatio						
			DITIONIC CC	NTRIBITING TO F	DEATH BUT	NOT RELATED TO THE TERM		DITION LODGE	IN PART In	
7	PART 2. OTHER SIGNIF	ICANT CON	DITIONS CC			THE TERM	INAL DISEASE OR CON	DITION GIVEN)
TION										
CATION						N WAS PERFORMED	20a AUTOPSY?	206. IF YES, VIN CERTIFYIN	VERE FINDIN	GS USED
2 ZIFICATION		N	196 CONDI	TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [VERE FINDIN VG CAUSES	GS USED
CERTIFICATION	19e. DATE OF OPERATIO	ON	196 CONDI	TION FOR WHICH	OPERATIO		200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [VERE FINDIN VG CAUSES	GS USED OF DEATH?
	19e. DATE OF OPERATIO	DN LYING J	196 CONDI	TION FOR WHICH FINJURY M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [VERE FINDIN VG CAUSES	GS USED OF DEATH?
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRET	LYING	19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE C	TION FOR WHICH FINJURY M. MONTH DA M. DFINJURY	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [RY IN ITEM 18 PART	VERE FINDIN VG CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	19e. DATE OF OPERATIO	LYING	19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE C	TION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO NO NO NOTE: RED (ENTER NATURE OF INJUI	20b. IF YES, V IN CERTIFYIN YES [RY IN ITEM 18 PART	VERE FIND IN NG CAUSES	GS USED OF DEATH? NO
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 210. IN JURY OCCURRET WHILE NOT WHILE AT WORK 220. Certify that 23()	CYING SECOND SEC	19b CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE C IAT HOME STR	FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM. ETC.) Novem	N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	200 AUTOPSY? YES NO NO NO NOTE: RED (ENTER NATURE OF INJUI	20b. IF YES, VIN CERTIFYIN YES [VERE FIND IN NG CAUSES 1 OR PART 2) COUNTY	GS USED OF DEATH? NO
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOT BY MEDICAL 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify thot X) (H sow the decessed	LYING SECONDEATH LEXAMINER) Distribution his hospital)	21b. TIME OF HOUR A./ P./ 21c. PLACE CONTINUES TREE oftended the	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. de deceosed from ET, 12, 19	OPERATIO AY YEAR 19 ARM. ETC.) Novem	N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YES, VIN CERTIFYIN YES [RY IN ITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STAT
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 210. IN JURY OCCURRET WHILE NOT WHILE AT WORK 220. Certify that 23()	LYING SECONDEATH LEXAMINER) Distribution his hospital)	21b. TIME OF HOUR A./ P./ 21c. PLACE CONTINUES TREE oftended the	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. de deceosed from ET, 12, 19	OPERATIO AY YEAR 19 ARM. ETC.) Novem 3	N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET DET. 20, 19.83	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YES, VIN CERTIFYIN YES [RY IN ITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	STAT
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF ETHER, NOTIFY MEDICAL 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220. I certify tho X0) (the sow the deceosed obove, X1 (we) (did	LYING SECONDEATH LEXAMINER) Distribution his hospital)	21b. TIME OF HOUR A./ P./ 21c. PLACE CONTINUES TREE oftended the	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. de deceosed from ET, 12, 19	OPERATIO AY YEAR 19 ARM. ETC.) Novem 3	216. HOW INJURY OCCURS 216. LOCATION STREET 20, 19,83 and that in (My) (our) opinion of DEGREE ATTENDING	YES NO CITY OR TO CITY OR TO death occurred on the de	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 12. 19.	VERE FIND IN IG CAUSES 1 OR PART 2) COUNTY 83	STAT
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOT IF MEDICAL 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify thot X) (H sow the decessed obove, X) (we) (did 22b. SIGNATURE	DN LYING	21b. TIME OI HOUR A./ P./ 21e. PLACE (JAT HOME STR ottended the ecember withe body	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. de deceosed from ET, 12, 19	OPERATIO AY YEAR 19 ARM. ETC.) Novem 3	21f. HOW INJURY OCCUR! 21f. LOCATION STREET DET. 20, 19,83 and that in (W) (our) opinion of the company of th	200 AUTOPSY? YES NO PER NATURE OF INJUING TO PER NATURE OF INJUING TO PER NATURE OF INJUING THE NATURE OF INJU	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 212. 19.	VERE FIND IN IG CAUSES 1 OR PART 2) COUNTY 83	STAT
	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220. I certify thot XI) (th sow the deceosed obove, XI) (we) (did 22b. SIGNATURE	DIN LYING JUSE OF DEATH LEXAMINER D olive on Olive on	21b. TIME OI HOUR A./ P./ 21c. PLACE (AT HOME STR ottended the cember with body.	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. e deceosed from 27, 19, 8 offer deoth.	OPERATIO AY YEAR 19 ARM.ETC) Novem 23 , or	216. HOW INJURY OCCURS 216. LOCATION STREET DET. 20, 19.83 d that in (M) (our) opinion of the physician [PHYSICIAN [22e. ADDRESS	ZOO AUTOPSY? YES NO CITY OR TO CITY OR TO TO DECEMBE: death accurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 12 a. 19. te and hour of	VERE FIND IN IG CAUSES 1 OR PART 2) COUNTY 83	STAT
MEDICAL	210. ACCIDENT WAS UNDER 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 210. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220. I certify thot XI) (t) Sow the deceosed obove, XI (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S MAM	DIN LYING JUSE OF DEATH LEXAMINER D olive on Olive on	21b. TIME OI HOUR A./ P./ 21c. PLACE (JAT HOME STR ottended the ecember withe body	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. e deceosed from a offer deoth.	OPERATIO AY YEAR 19 ARM. ETC.) Novem 3, or	21t. HOW INJURY OCCURS 21f. LOCATION STREET DET. 20, 19.83 and that in (My) (our) opinion of the physician physician physician compared to the phy	200 AUTOPSY? YES NO CITY OR TO CITY OR TO to December death occurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 12 a. 19. te and hour of	VERE FIND IN IG CAUSES 1 OR PART 2) COUNTY 83	STAT
MEDICAL	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220. I certify thot XI) (th sow the deceosed obove, XI) (we) (did 22b. SIGNATURE	DIN LYING JUSE OF DEATH LEXAMINER D olive on Olive on	21b. TIME OI HOUR A./ P./ 21c. PLACE (AT HOME STR ottended the cember with body.	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F. e deceosed from a offer deoth.	OPERATIO AY YEAR 19 ARM. ETC.) Novem 3, or	216. HOW INJURY OCCURS 216. LOCATION STREET DET. 20, 19.83 d that in (M) (our) opinion of the physician [PHYSICIAN [22e. ADDRESS	ZOO AUTOPSY? YES NO CITY OR TO CITY OR TO TO DECEMBE: death accurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFYIN YES [RY IN ITEM 18 PART WN 12. 19. the ond hour of	VERE FIND IN IG CAUSES 1 OR PART 2) COUNTY 83	STAT

DHMH - 16 50M 4/82 (VRA 15, 4)

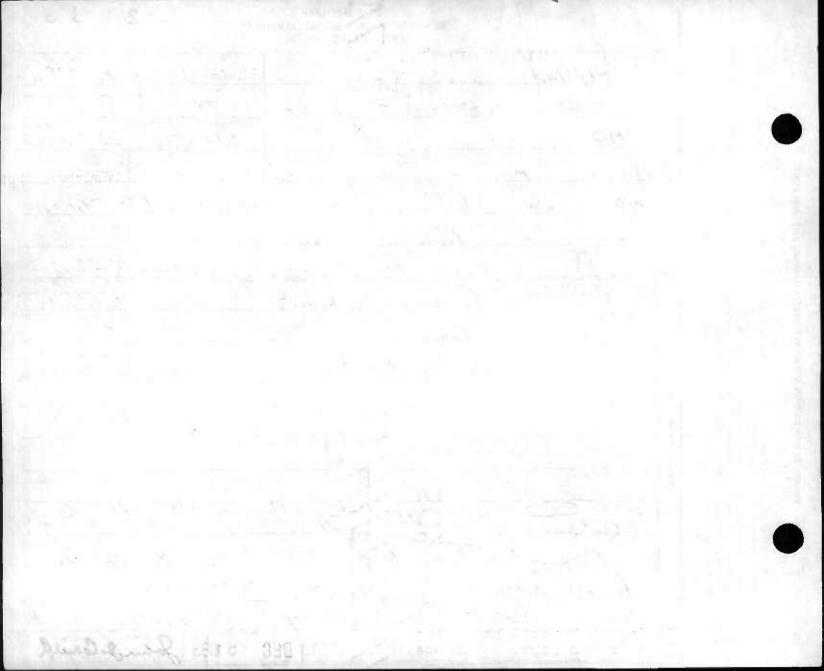
Law Funeral Home 4611 Park Heights Ave. DEC

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#15 per FH	1/6/84	kam DEPARTN	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIENE	0 3	2 2	5 2
REGISTRAR 1. DECEASED NAME FIR		MIDDLE		AST	20 DATE	REG. NO.	DAY YEAR	2b. HOUR
[TYPE OR PRINT)		MIDDLE						
	LVATORE		S. DATE O	SCIO		MBER 25	FUNDER I YEA	11:23p
3. SEX	4. RACE		MONTH	DAY YEAR			MONTHS DATS	HOURS MIN.
Male	Whi		Dec	. 15 1927			RS.	
70. BIRTHPLACE (STATE OR FOREIG COUNTRY)	U.S	WHAT COUNTRY?	WIDOWE		Da.	ore cury <u>or</u> cou ltimore		MD
Baltimore	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Ch HOSPI	AODRESS)	Corp.	TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORKIN NOUSE MG	NG USE INDUSTRY	of BUSINESS OR PEL CO.
OSUAL RESIDENCE (IF NURSING HI 130. STATE 136	OME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Balti	N	13d. INSIDE CITY LIMITS	? 13e. STREE	laporess Balfe	ern Ave	. 21213
J4 FATHER'S NAME FIRST	WIDDLE	LAST Casc	io	15. MOTHER'S MAIDEN	NAME Lizabe	th	Ven	Éurella
160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	S. ARMED FORCES? res, give war or dates) VW II	16b. SOCIAL SECU 216-20-		17. INFORMANT Paul Cas	scio (son) sam	ne addre	ess
18. CAUSE OF DEATH (ER PART I. DEATH WAS O	ter only one couse per AUSED BY: EDIATE CAUSE (o)		_	ONARY ARR	EST		BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
Conditions, if ony, whi	DUE TO, O	R AS A CONSEQUE PROBABLE R AS A CONSEQUE	E ACU	TE MYOCAR	DIAL I	NFARCTIO	OìN	5.
PART 2. OTHER SIGNIFIC				NOT RELATED TO THE TE	ERMINAL DISEA	131	GIVEN IN PART	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYE	196 COND	ILION FOR WHICH	OPERATION	N WAS PERFORMED		NO	YES T	S OF DEATH?
OR CONTRACTOR CALICE	OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN ITEM	M IB PART I OR PART 2)	
THE STATE NOT WHILE AT WORK AT WORK AT WORK	/AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
220 I certify that (I) (this	hospital ottended the onDECEMB did not) view the body	ER 25 10 8	DECEM 33 , on	IBER 25 1983 ed that in (my) Current		CEMBER Tred on the dote and		
22b. SIGNATURE	Ll	ulou		DEGREE ATTENDING PHYSICIAN	G MEDICA	STAFF PHYSICIANY	DEC	25,198
22d PHYSICIAN'S NAME	LUHAR MD			220. ADDRESS CHU	RCH HC			Md.2123
230 BURIAL, CREMATION, REM		23c. N	NAME OF C	EMETERY OR CREMATOR	PY 123d LO	CATION Baltimore		Md".
Schimunek 3331 Breh	Funeral	Home,	Inc. Md.			1983 To		ahulf



	1.5-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		ORPRINT) MA 11	Aldred *Porrai		20. DATE OF DEATH MONTH	DAY YEAR
	3. SE	11/100	14. RACE	Is DATE OF BIRTH	12-4-83/2 6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR
	3. SE	Female	Cauc.	7 2 09	74	MONTHS DAYS
25	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
8 <u>/ /</u>	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b, KIND OF
37	13	Itimore	Mercy Huin	Mercy Hospita	7.7 = 2 1	Subu
25	130.	STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEI UNITY 131. CITY OR TO VIA Baltiu	DWN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	/ st 21/
200	14. F/	THER'S NAME	MIDDLE Pearce	15. MOTHER'S MAIDEN N	AME	LAST
og /	(VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR OATES! 219-22-	The state of the s	address	wel 21236
S ony injury, or other tr	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION		ODEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IN C	F YES, WERE FINDIN ERT IFY ING CAUSES
9		210. ACCIDENT WAS UNDERLYING		DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	YES
Ked or mem	MEDICAL	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 218, INJURY OCCURRED WHILE NOT WHILE AT WORK	***************************************	19 21f. LOCATION	CITY OR TOWN	COUNTY
30		220.1 certify that (1) this has	spital pattended the deceased from an analysiew the body after death.	m ///29 , 19 /- , 19 /- , ond that i (my)(our) apinion DEGREE	3 , to 12/4 n death occurred on the date one	d hour and from the c
Mem Z			1/	ME ATTENDING PHYSICIAN	MEDICAL STAFF	5 12/4
IMPORTANI: If Nem 21		224 PHYSICIAN'S NAME (TYP	Sakamoto	220 ADDRESS Mercy Hory IL NAME OF CEMETERY OF CREMATORY	, Bult. ar	



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PHYSICIAN:

OR ATTENDING

etoined by the hospitol

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he funeral dir. within 72 hou

impletely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE **CERTIFICATE OF** REGISTRAR

DEATH	REG. N	10.				
rev	2a. DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	R
		12	H	83	10) 5 mc
	6. AGE (IN YEARS LAST BE	RIHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
YEAR 19	loly	YRS.	MONIHS	DAYS	HOURS	MIN.
MARRIED DIVORCED	9 BALTIMORE CITY	COUNT	Y OF DE	ATH		MD.
STITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST TOOL & I	OF WORKING		USTRY	stei	ssor en E

		CEASED NAME FIRST	ilbert	Natham	LAST Cav	ev	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HO	UR
		6110	ert 1	1. (011190	1		12	H 8:	51	DDW.
1	3. SE	Х	4. RACE		OF BIRTH	3	6. AGE (IN YEARS LAST BE	RIHDAY)	MONTHS DAYS		ER 24 HRS
		Male	white	MOI	3 L	YEAR 19	lot	YRS.	MONTHS DAYS	HOURS	MIN.
- de		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	NEVER	MARRIED []	9 BALTIMORE CITY		Y OF DEATH		
35		Maryland	U.S.A	• WIDO	WED D	NORCED [H	4		MD.
P/In	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING HOMI TY, GIVE STREET ADDRESS)	OR OTHER INS	NOITUTION	120 USUAL OCCUPAT		12b. KIND		IESS OR
310		DU110.		51,40	nes				Ikr. W		rn F
35	130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		SIDENCE BÉFORE ADMISSIQ ITY OR TOWN	138. INSIDE	CITY LIMITS?	130. STREET ADDRESS	-)000	A116	1228
Se Car	14. F/	ATHER'S NAME	WIDDLE	LASI	15. MOTHER	'S MAIDEN NAM	ME				
300		Milbert	Cav		E	stella	MIDDLE	Mc	rsber	ger	
dico		WAS DECEASED EVER IN U.S. AR	WAR OR DATES	OCIAL SECURITY NO			ADDR	ESS Ca	tonsv	ille	Md.
Bed		Yes	2	18-09-62	85 Mar	ian Ca	vey 3 Gle	nwoc	d Ave	nue	
ent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DBY:	(0), (b), opd (c).)	-Ara	*			BETWEEN	XIMATE INT	ERVAL ID DE ATH
lic ev		4280 IMMEDIAT			, // //	4				-	
or other troumotic		Conditions, if ony, which	DUE TO, OR AS A	ONGEQUENCE OF	m Hes	ut Fo	i ture				
Pr †r0		gove rise to immediate couse (a), stating the	DUE TO OP AS A	CONSEQUENCE OF	1100						
oth		underlying couse lost.	(c)	CONSEGUENCE OF							
injury, o	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	BUTING TO DEATH BE	JT NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART I	10.	
	CERTIFICATION	12. 2. 15. 25. 2052 11.21	Tipi can pizani				V	7			
As only	FICA	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE	S OF DEA	ATH?
18 shows	ER	21a. ACCIDENT WAS UNDERLYING	216, TIME OF INJU	RY	Tale HOW II	VILIBA OCCIIBB	YES NO		res 🗌	NO	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. N	NONTH DAY YEA	R	4JOKT OCCORR	(ENTER NATURE OF IN)	INY IN ITEM 18	PART I OR PART 2)		
- He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M.	LIRY	211 LOCATI	ON					
morked or Item	WE	WHILE NOT WHILE AT WORK		TORY, OFFICE, FARM, ETC.)	STREE		CITY OR TO)WN	COUNTY		STATE
S mo		220 I certify that (1) this hospit	ol) ottended the dece		May	19 80	_, to Dec	4	19.83	, that	(we) last
121		sow the deceased alive an above ((1)) we) (did) (did no	view the body ofter d	19 83, leoth.	and that in my	(our) opinion o	death occurred on the d	ote and ho	our and from th	e couses s	toted
If Herr		226. SIGN TURE	1 () 1		DEGREE	ATTENDANG	MEDICAL STA		22c. DAT	ESIGNED)
	(Nature 6	, white			ATTENDING PHYSICIAN	MEDICAL STA		104	4/8	3_
PORTANT		771 PHYSICIAN'S NAME (TYPE O	PRINT)	.10	22e ADDRE	55	1.0	() 01	MI	
×		ratrick	W. WI	MAC	917	Trede	vick to	11	Daxt.	1, M1	

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) COUNTY

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

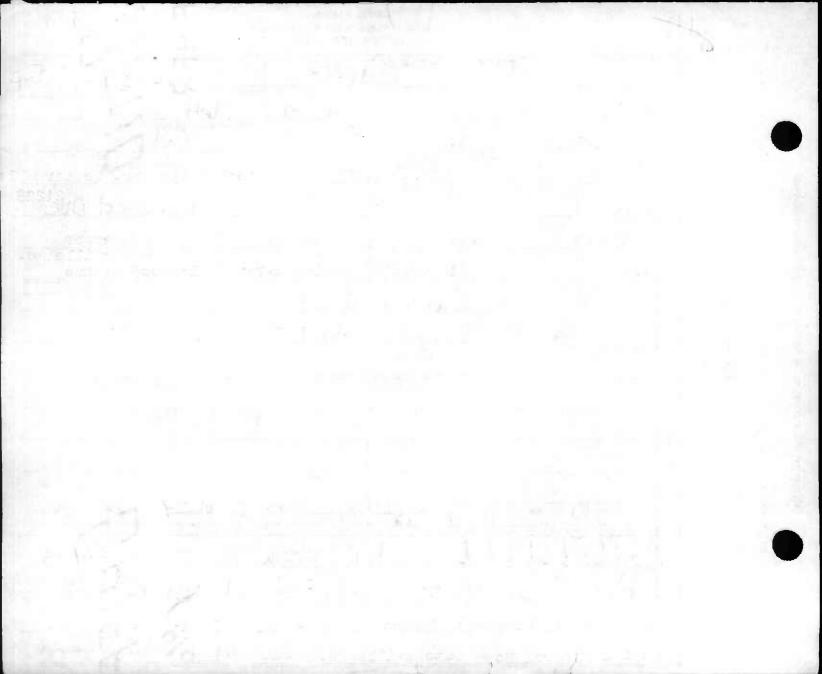
Mac Nabb Funeral Home Catonsville Md.

Buria]

Meadowridge Mem Pkl. Elkridge Wegistran's Signature

Md.

STATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

STATE OF MARYLAND

FOR - STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	
CEASED NAME FIRST ERMA	ELAINE (HALK	20 DATE OF DEATH		ZEAR 26. HOUR
EMALE	WHITE 5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
7720	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE	D DIVORCED	BALTIMORE CITY O	DRE CIT	TY MI
BALTIMORE	. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	or other institution	12a. USUAL OCCUPATI (TYPE O WORK FOR MOST O		IND OF BUSINESS OR
STATE 136. COUNTY	MER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🗆	13ª STREET ADDRESS	PORT S	T-
MONNIE MI	. WINDSOR	CORNELIA	CALL!	5	LAST
WAS DECEASED EVER IN U.S. ARME YES, NO OF UNKNOWN) (IF YES, GIVE W		NELSON CI	4ALK 671	2 GRACEL	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOTITIONS CONTRIBUTING TO DEATH BUT	te Les	ikem	1 OK	ART Iro
198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART I OR PA	ART 2}
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cour	NIY STATE
220.1 certify that (1) (this hospital saw the deceased alive on obove. (1) (we) (did) (did not). 22b. SIGNATURE	new the body ofter death	. 19 Id that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAL	22c.	
22d. PHYSICIAN'S NAME (TYPE OR PI	RINI	22. ADDRESS	Guelle	C+ R	0/1 Hd 1

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1. and 2 should be filled within 72 hours, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

236. DATE

23a. BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY

JAN 3

OR CREMATORY

BY REGISTRAR 25b. 1984

- Every France CHAIL 10 2 1. The second of the second of the second of the AND THE POST OF SHEW PART OF THE WHERE R. LINE SEC. STREET, CHILL Condition up who you are the Acute Leukemaia TILLE 225 GOVERS ST POT HARM Mongraph Palender to Fleet ST 1873

K	5		-	3	-
	hours ofter death. Page 4 may be	d in more Tunekil director, page 3	In The Standard To hours ofter death	and the same same same same same same same sam	

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTITION	IL OI DEATH	REG. NO	٥.	
1. DECEASED NAME FIRST	MIDDLE	LAST		1/0	MONTH DAY YE	10 11001
ANNA	CHAM		Owt.	12/12	100	3 40k
J. SEX EMALE	A RACE	5. DATE OF BIR	ER 31, 1910	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN NORTH CAROLINA	U.S.A.	Y? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	BAITIMORE CITY O	mo Re	ity Mo
BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE FEDERAL HILL		HER INSTITUTION ENTER	126. USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE UNKNOWN		ND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR 13 STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFI NTY 136. CITY OR TO BALTI	MORE 13d.	INSIDE CITY LIMITS?	13. STREET ADDRESS	9h+ S+	21230
ALEXANDER	MIDDLE JETER		MOTHER'S MAIDEN NAMELIZABETH	WIDDLE		SIMMS
160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECULAR		EWIS THOMPS			
Conditions, if any which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (Conditional Country of	DUE TO, OR AS A CONSECTION OF TO CONDITIONS CONTRIBUTING TO	SEPTICS DUENCE OF C	HANGREN		DITION GIVEN IN PA	RT Ito:
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICE	CH OPERATION W	AS PERFORMED	ZOG AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES	
TO THE STATE OF TH	HOUR A.M. MONTH	DAY YEAR 19	HOW INJURY OCCURR	ED (ENTER NATURE OF INJU		
saw the deceased alive on	ital) attended the deceased from	0.0	12, 19_ <u>\$3</u> of in (my) (our) opinion d	, to/ 3 - death occurred on the d		
22d. PHYSICIAN'S NAME 11799	PRPRINT) . O S O T	2220	. ADDRESS	MEDICAL STA	CIAN	2-112/32
1	TUBERO !		1213 S. LI	GHT ST., BA	ALTIMORE MI	D. 21230
230 BURIAL, CREMATION, REMOVAL (SPECIER EMATION)			TERY OR CREMATORY	23d. LOCATION CITY OF TOWN SUITLA	ND COUNTY	PG. MD.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cor should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The

TO HOSPITAL

injury, or other troumotic event,

marked or Hem 18 shows ony

IMPORTANT: If Bem 21 is

DHMH - 16 50M 4/82 (VRA 15, 4)

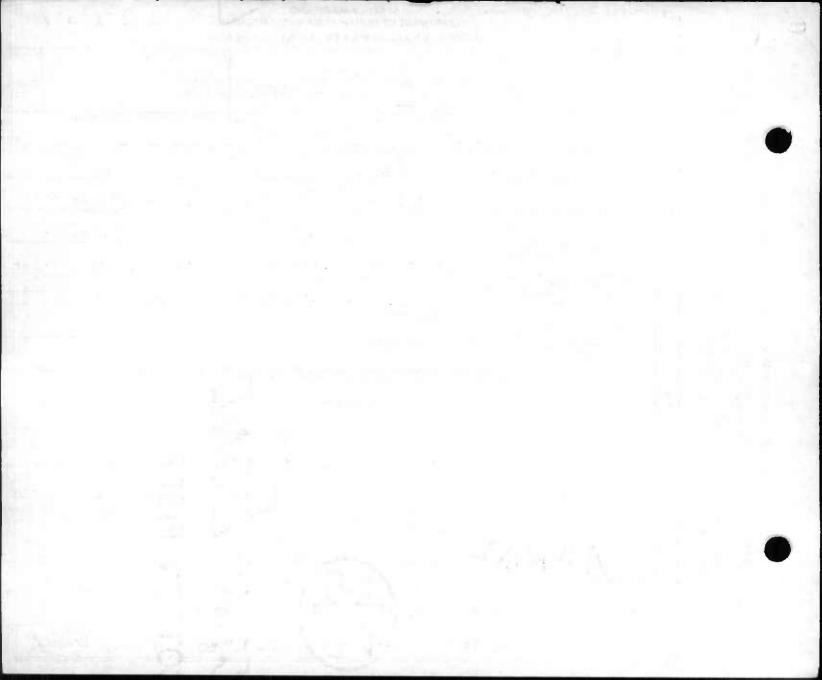
24. FUNERAL DIRECTOR

23d. LOCATION

STATE MD.

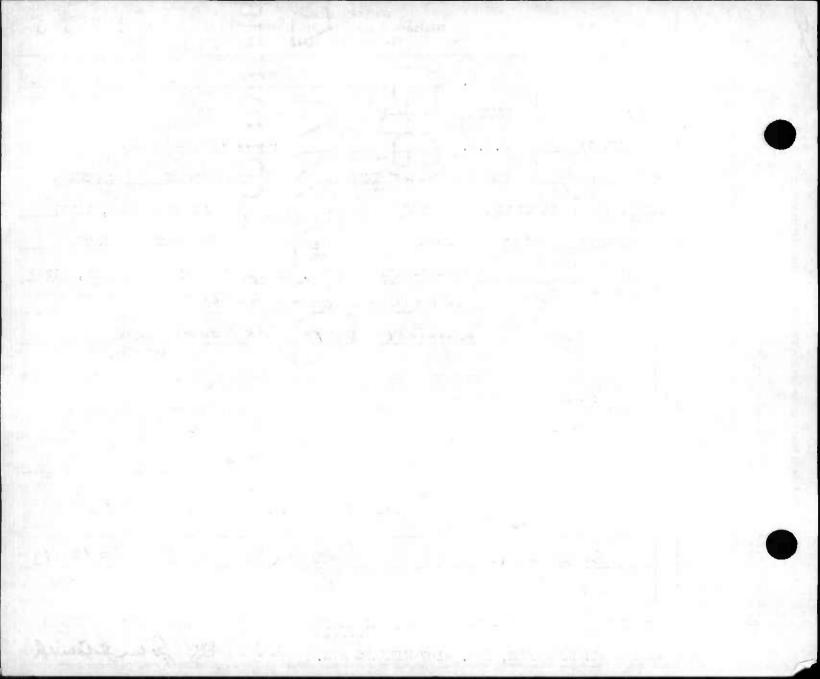
NERAL DIRECTOR 1/20 CONN. AUE. N.W. #940 CHARD RAPP, INC. WASHINGTON, D. C 2003C

Item		OR	5/9/84 1	by F.H					ARYLAND AND MENTAL	HYGIENI	E 0	3	2	3	5	1	
	1-	STATE REGISTRAR			MEDI	CALI	EXAMINE	R'S C	ERTIFICATE	OF DEA	TH	REG. N	10.				
		EASED NAME	FIRST		1	MIDDLE			LAST	2	e. DATE	KNOWN ESTI-	MONTH	1 DAY	YEAR	26 HOUR	
保養性的性	(KEVIN			Ε.			AMBERS			MATED		14		M	
RECTO	3. SEX		I. RACE	MONTH	MONTH DAY YEAR LAST BIRTHDAY) MONTH'S DAYS HOURS AND PRONOUNCED							MONTH	DAY	YEAR	24 HOUR 9:50		
AND		ale	Black	9 75 CITIZEN	CITIZEN OF WHAT COUNTRY										19 83	p M	
NECESS NE	FOREIGN COUNTRY) Maryland				U.S.A. WIDOWED DIVORCED Baltimore City								-V		MD		
SEE XX)	altimor		(IF NOT II	JAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FINDT IN SUCH FACILITY, GIVE STREET ADDRESS) Ston & Central Ave.								OF	OR INDUSTRY			
201	UA II S	L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTIT	UTION, GIVE	RESIDENCE		7)	13d. INSIDE CITY LIMITS?	13e STRE	ET ADDRE	SS	n C.		+ 21	213	
TAR HA	-	arylar	i d			Da	TLIMO.	re	15. MOTHER'S MAIL		O IV.	Eue	:11 5	rree	. L 21	213	
SEST SOIL		David		WIDDIE		Cha	mbers		Delori		M	IDDLE		Cha	ımber	s	
NS OR A	16a. V	AS DECEASED	EVER IN U.S. ARA	AED FORCE	S?	16b. SOC	CIAL SECURITY	NO.	17. INFORMANT			ADDRES	SS				
TH P		NO			217-69-2269 Gertrude Mosby 1406 N. E												
JA. WIT. P. DIN.		18 CAUSE OF	DEATH (Enter on											SETV	PPROXIMATE WEEN ONSET	AND DEATH	
TEM ONG ONG SERV AL.		91.0	1 IMMEDIAT	E CAUSE (o					chest (un	specif	ied v	weapo	n)				
AL SIT I		Condition	s, if ony, which	DUE	TO, OR A	S A CON	SEQUENCE O	F									
ENTH MINER MINER TRAN		gove ris	e to immediate	(b	TO OR A	S A CON	SEQUENCE O	c									
		lying cou		1000	10,011	3 A COIN	-SEODEINCE O										
BE EXECUTED BY BE EXECUTED BY BE EXPLICAL EXA AS A BURIAL AND MAITH AND MAIT	Z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	RIH BUI NOT RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART 1 (d).											
	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196	CONDITIO	TION FOR WHICH OPERATION WAS PERFORMED?								2D A	2D AUTOPSY?		
공항 불 있 유 종	IFIC												,	YES 😾 NO 🗍			
CATE SI HE WO THE C ULD BE TWENT	CER	21a EXTERNA	37		TIME OF I		DAY YEAR	21c. H	OW INJURY OCCUR	RED LENTER N.	ATURE OF INJ	IURY IN ITEM 1	8 PART 1 OR I	PART 2)		2	
FICA THE COLUMN TANK TO THE CANADA THE CANAD	CAL	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF E					Su	bject was	shot.							
CERTIFIC TING TH DED TO 3 SHOU DEPART	4EDI	21d. INJURY O	CCURRED	ST	PLACE OF		(AT HOME,	21f. LO	CATION		CITY OR TO	wN	C	OUNTY		STATE	
HIS WRI	~	WHILE AT WORK	AT WORK	4	stree	et		Pre	ston & Ce	ntral	Ave.	,Balt	o. C	ity	_	Md.	
ATE, ORW ORW OR: P HE ST VD, 2			y that I took charg	e of the rem	noins descri	ibed abo	ive, held an	Autop	sy X, Inspecti	ion .	Inquiry	□. a	and in my	opinion			
MANNI FIELD		death resulte	d from: Notur	ol couses		ccident	, Suid	ide 🗌	, Homicide X	Undete	rmined mo	onner 🔲	,				
EXAMINER CERTIFICATI OULD BE FOR DIRECTOR: I, WITH THE		ACTUAL	thand	1 17	N-				TITLE (SPECIFY)				DAT	. 10	15 0	2	
SHOUTH ATH	1	SIGNATURE	XIVVV	74 X	100			M	D Assista	nt_MEDI	CALEXAM	AINER	SIGN	AED TS.	-15-8	3	
TO MEDICAL EXAMI EXECUTE THE CERTIFIED PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH		EXAMINER'S I	NAME Anr	1 M. D	ixon	, M.I	D.		ADDRESS 111	Penn S	St.,	Balto	., Mo	d. :	21201		
		JRIAL, CREMAT BURIAL	ION, REMOVAL 2	12/1	9/83	3 23c M	NAME OF CEM	ETERY O	rcrematory vary Cem	. 23d 100	CATION 1 Tin	nore,	со	Co,	Mc	l'E.	
BP		JNERAL DIREC			A DODESCO		F 1	1	25a. DAII	REC'D. BY						4	
(VR A15 ME (5))	Wm C March F/H Inc. ADDRESS						DI E North Avenue DEC 1 6 1983 John S						St. C	shel	K		
20M 4/82							-										



	1 -	FOR STATE REGISTRAR		DEPARTA	CERTIFIC	ATE OF DE			REG. NO.	line con	3 0
		CEASED NAME FIRST	м	IDDLE	LAST			2a DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	(TYPE	SALL	FE 1		CHA	NCE			12-	20-83	4:20 p.
	3 SE		4 RACE		5. DATE OF B	IRTH		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	FEMALE	WHITI	E	MONTH	13	1894	8	9 YR	MONTHS DATS	HOURS MIN.
61		RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF W		8] NEVER MAI				NTY OF DEATH	
25	-	MARYLAND	U.S.A	4	WIDOWED		RCED T	Rollin	ine (14	AAT
45//	10, C	TY OR TOWN OF DEATH	M. NAME OF H	OSPITAL, NURSIN	IG HOME OR		CAR	120 USUAL OC			F BUSINESS OR
14	B	Himore City	# T	SECOURS I		T	4.	SEAMS		G LIFE) INDUSTRY CLOT	HING
300		AL RESIDENCE (IF NURSIN / HE I	OR OTHER INSTITUTION: C	GIVE RESIDENCE BEFORE	ADMISSION)					1 CHOI	IIIII
15			ALT IMORE	ARBUTUS		I. INSIDE CITY	LIMITS?	13e STREET ADI		ROAD, 2	1227
1 4 1		THER'S NAME	ALI IMORE 1	AKBUIU		MOTHER'S M			EN UARS	KUAD, Z	1221
3	1	FIRST	MIDDLE	LAST		FIRS			DOLE TO A DISTRICT	LAS TTA CI	
-	14n V	WILLIAM VAS DECEASED EVER IN U.S.,	HENRY	JONES 166 SOCIAL SECU	PITY NO. 17	INFORMANT	RAH	<u> </u>	IZABETH ADDRESS	HAG	UE
12		(IF YES,	GIVE WAR OR DATES					TTD 200		1WG DOLD	01005
-		NO		216-05-		NORA C		ER 122	O TEN O	AKS ROAD	
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per I	ine for (a), (b), on	Pin mi	70100	V	ARRES	7	BETWEEN	MATE INTERVAL ONSET AND DEATH
		11999 IMMEDI	ATE CAUSE (0)	LAK DIO	102/10	7,077	9 /	1//1-0	/ •		
John John	i .	7212	DUE TO, OR	AS A CONSEQUE	NCE OF		CI	10 010	1100		
5		Conditions, if any, which gove rise to immediate	(b)	ARTERIO	SCLE	120110	2	TK DIOI			
Jer +		couse (o), stoting the	DUE TO, OR	AS A CONSEQUE	NCE OF				Di	527-12	
0		underlying couse lost	(c)								
2 Cal	NO	PART 2 OTHER SIGNIFICAN	DRAT		DEATH BUT NO	T RELATED TO	O THE TERMIN	VAL DISEASE O	r Condition	GIVEN IN PART 1	0
(1)	ERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORN	AED	200 AUTOPS		YES, WERE FINDI	
1	IFIC	NIL			NIL	_		YES O N	O P	RTIFYING CAUSES YES	OF DEATH?
6	CERT	210. ACCIDENT WAS UNDERLYING				Ic. HOW INJU	IRY OCCURRE			18 PART I OR PART 2)	
9		OR CONTRIBUTING CAUSE OF		4.7	A .			NA			
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	71e. PLACE O		19	LOCATION		, -/			
	ME	WHILE NOT WHILE		ET, FACTORY, OFFICE, F		STREET		NA	TY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	3 12 44 3 14		12	0	05	1)	20	67	
		220.1 certify that (1) (this has sow the deceased alive	7 19	deceased from	8 Daniel	hat in (mu) (a)	ur) apunion de		a sho dasa and	hour and from the	that (I) (we) las
		obove, (I) (we) (did) (did	not) view the body o	fter deoth			or, opinion de	eom occorred o	i the dote and		
		276. SIGNATURE	1		DEC	GREE ATT	ENDING	MEDICAL _	STAFF	22c DATE	SIGNED
1		Suy	Apulla			PHY	YSICIAN	DIRECTOR	PHYSICIAN 🗌	17	1
		22d. PHYSICIAN'S NAME (TYP		JUCA	22	e ADDRESS	,	Con		Hosfi	7-11
1		SURJIT				Do.	N			110341	(),
		URIAL, CREMATION, REMOVA			AME OF CEMI			23d LOCATIO		COUNTY	TAT A DELATE
111	24.6	BURIAL	12-23	-83 1	WESLEY			ROCK			YLAND
		JNERAL DIRECTOR		ADDRESS		1229	250 DATE	PECD BY REG	Q2 Z	SISTRAR'S SIGNAT	LIRE .
	H	BBARD FUNERAL	HOME, IN	C. 4107	WILKENS	AVE.	المالا	200	00 /2	mo	-

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

(VRA 15, 4)

Aligned America - no. 10 Tage Teach took took tage Teach took carent

BP **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

Burial

12/12/1983 Crownsville Vetrans Cem. Crownsville, 2501 Gwynns Falls Pkwy.

21216

Baltimore, Md.

Maryland

12-7-83

7h HOUR

2d. HOUR

12:50

D. M

19 83

19

Henryton

LAST

20 AUTOPSY? YES

COUNTY

NO X

STATE

BETWEEN ONSET AND DEATH

James

83

Long. Salther, Lordon 2121

Septim with the second

Aggressian and the American grant Anna

1.00 March 1.00 March

			500		STATE OF MARYLAND	8 3 3	2 2 6 2
75	8	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
	270	1. DE	CEASED NAME FIRST	MIDDLE	4AST 1	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	9 4		OR PRINT)	sha	Chank	12 8	DAY YEAR 26. HOUR PM
	â LVI	3. SE	ha I	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	age ode		Male	Blace	7 6 67	(YRS	
0	neral di in 72 hai	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUR	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	C \ \
_	y the fu	0.6	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY OM	STREET ADDRESS)	120 USUAL OCCUPATION 17 PE OF WORK FORMOST OF WORKING	/ 12h KIND OF BUSINESS OR
2120	haurs haurs be fill		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	130 SIREET_ADDRESS \ ZIP CQ	ne 2121
AND	filled hauld		Md.	Bal	JUNOUP YES NO [1520 M.	Honnog ST.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ompletely and 2 sh	14. F/	THEP'S NAME FIRST ONCES	MIDDLE	15. MOTHER'S MAIDENN	MIDDLE	Clauke
RE, A			VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO. 17. INFORMANT	ADDRESS	C. Carelli
OWI	be execu		FES. NO OR UNKNOWN) (IF YES, GIV	DU4.	-0(-3832 CHART		
BAL	ysicio		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			= ~V ~ ~ ~ ~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I ST.,	ng ph banp remc			TE CAUSE (a)	2010-RESPIR	LATORY ARR	2
TON	e death ce antendin nave carb nation, ar fraumatic		Canditians, if any, which	DUE TO, OR AS A CON	SEQUENCE OF REBROVASCULA	2 ACCIDEN	AT
84			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON			
3	that the d by the lease record creman ar ather		underlying cause last.			LLATION	
S, 20	gne bur	7			G TO DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART Ita
ORD	requestrated in The	TIO	C-PCEST		VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
REC	n. has b neprin	CERTIFICATION	176. DATE OF OPERATION	THE CONDITION FOR V	WHICH OF EKAHON WAS FERFORMED	INCER	TIFYING CAUSES OF DEATH?
ATIA	icote h ronsit p Hygier 18 shav	CE.	210. ACCIDENT WAS UNDERLYING	LIGHT A THE THOUSE	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM T	
OF	iysician: ding physics s certificate burial-transmental Hy ar Item 18	CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE)		T9		
SION	this of the burner of the burn	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, G	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
70	After After e as th alth ar marke		WHILE NOT WHILE AT WORK		17/12 0	3 13/29	
	pital TOR for us of He		22a. I certify that the ais has a saw the deceased alive or abaye to (we) all tricks no	10 10 0		on death occurred an the date and h	aur and from the causes stated
	OR A he has DIREC oched Dept. If them		226. SIQNATURE	7 8 0	DEGREE ATTENDING	. MEDICAL STAFF	27c DATE SIGNED
			40000	12 (6	PHYSICIAN PHYSICIAN		112/21/8
(Sa 55 8		22d. PHYSICIAN'S NAME (TYPE O	B. GHE		SECOUR	S HOSPITAL
	O S O S M	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	-
	BP		BURIAL	1-3-84	ARBUTUS MEM PK.	BALTIMORE	MARYLAND STATE
DH	MH - 16 50M 4/83	24 F	JNERAL DIRECTOR	0 1701 II ADI	250. D.	ATE REC'D. BY REGISJEAR 256. REG	ISTRAR'S SIGNATURE
	(VRA 15, 4)		E.L. PHILLIP.	S 1721 N. MÔI	NKUE ST.	TAN 0 1980	- and Caluelly

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ST	ATE	OF	M	ARY	LAND

MARRIED A NEVER MARRIED

134 INSIDE CITYLIMITS? YES THE NOT

17 INFORMANT

\$Lillian

DEPARTMENT OF HEALTH AND MENTAL HY **CERTIFICATE OF DEATH**

5 DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

SECURITY NO

A CONSEQUENCE OF

ALTH AND MENTAL HYG CATE OF DEATH	REG. N	O.		
214	2a. DATE OF DEATH	MONTH DA		SAM
BIRTH YEAR	6 AGE (IN YEARS LAST BIR		UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	- A 14-	of DEATH	ylando.
OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)			F BUSINESS OR
34 INSIDE CITYLIMITS? YES NO	13. STREET ADDRESS 3033	ZIR CODE	ment	are 1
5. MOTHER'S MAIDEN NAM	MIDDLE		LASI	}
Lillian Cl	ark 3033			
Annes T	*		BETWEEN	MATE INTERVAL SINSEF-AND DEATH
la coolour	rale desar	l-	- yeun	7
-				
PRELATED TO THE TERM	14- AST	and hor	Luca	umls
WAS PERFORMED	YES NO	IN CERTIFY YES	WERE FINDINING CAUSES	
21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RI I OR PART 2)	

carbon papers. Pages burial, crematian, ar 0 prior os the buriol-transit per th and Mental Hygiene of Health detached far should be detached with the State Dept.

agod / pup ottending physicion certificate has been signed by the atteriol-transit permit. Then please remove oth 20 ar Item marked FUNERAL DIRECTOR: 21 is MPORTANT: If Item 0

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 716. TIME OF INJURY 71m ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 26 saw the deceased alive on_ above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 224 PHYSICIAN'S NAME (TYPE OR PRINT) MANCELLA 23a BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 24 FUNERAL DIRECTOR

FOR - STATE

(TYPE OR PRINT)

SEX

REGISTRAR DECEASED NAME

GEORGIA

BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING

NO NOOR WINDWIN

FIRST

MMET

13b COUNTY

(IF YES, GIVE WAR OR DATES)

AME Benjamin

WAS DECEASED EVER IN U.S. ARMED FORCES?

4. RACE

CITIZEN OF WHAT COUNTRY?

TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS

NOT IN SUCK FASILITY, GIVE STREET ADDRESS)

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 17

preum)

P.M

21f LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

COUNTY

STATE

STATE

141 1940 23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION CITY OF TOWN

COUNTY

March F/H Inc. 1101 E North Avenue

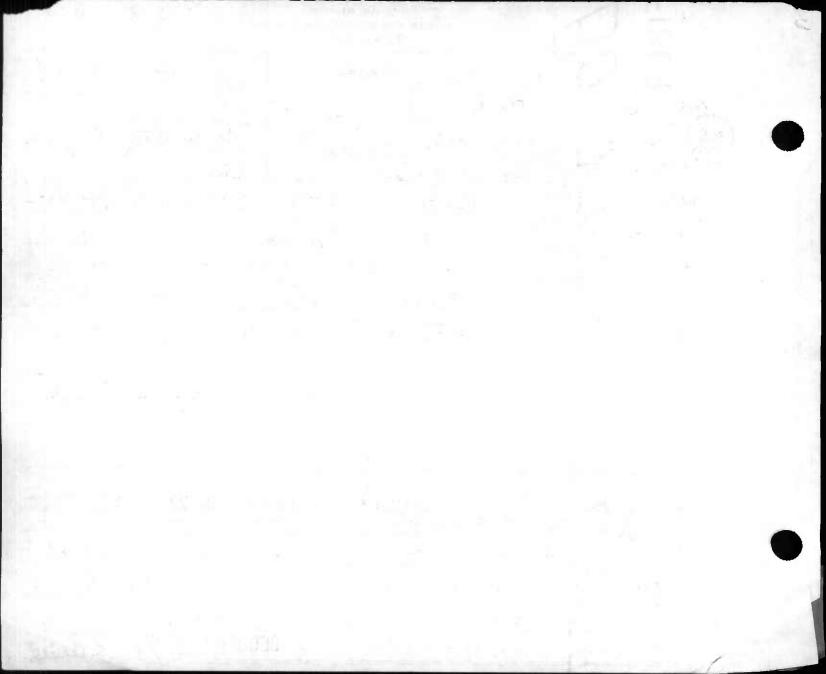
Baltimore Cemetery Baltimore Md.

CITY OF TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 5 50M 4/83 (VRA 15, 1)

BP.



/83			STATE REGISTRAR			ICATE OF DE	ATH	REG. N			
(B) = 1	1		CEASED NAME THE TESS	MIDDLE:	6	lark		No. DATE OF DEATH	12	7 83	11:00 ^A
N	5	1.56		aucasion	S. DATE O		17	& AGE IN YEARS LAST BH		FUNDER I YEAR HONTHS BAYS	HOURS MAL
77 m	20		North Carolina	U.S. 1	18 7	D NEVER MA	-	Balto. C	E COUNTY	OF DEATH	MO
filed with	31	10, C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF HOT INSUCHFACULTY, OWN STREE Mercy Hosp.		OR OTHER INSTIT	UTION	12s. USUAL OCCUPATI LITTE OF WORK FOR MOST O (Soc. Serv	ON WORKING LE	135 KIND C	OF BUSINESS OR
ould be	100	The S	TATE 136 COU	PACTHER INSTITUTION ON RESOURCE BEFORE	WN.	134. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS 19 W. PI	The second	st.	21201
and 2 sh	200	14. FA	Jesse	Clark,	Sr.	IS MOTHER'S	and the same of the same of the same of	WIDDLE		Mayo	12
Poper I	medical		VAS DECEASED EVER IN U.S. AT PEL HO OF UNKNOWN! OF YEL OF YES	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES:	URITY NO.	17. INFORMAN	1	ADDRE	155		
n popers	sout, the	V		enly one cause per line for (a), (b) one ED BY: ATE CAUSE (a)	nd (c).)	aires	t			RETWEEN	DATE SUTERVAL ONSET AND DEATH
on or re	umatic		4275 Conditions, If any, which	DUE TO, OR AS A CONSEQUE		lmic					
se remov	other tro		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		71112					
	w			101				INAL DISEASE OR CON		_	

THE TIME OF INJURY TIL HOW INJURY OCCURRED I ENTER NATURE 71s. ACCIDENT WAS UNDERLYING NUMBER OF THE PART & GRIPART DE HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN EITHER, NOTHY MEDICAL EXAMINER P.M. 10 TIA INJURY OCCURRED 211. LOCATION TIE PLACE OF INJURY CITY OF TOWN COUNTY 31A18 (AT HOME STREET FACTORY, OFFICE TARM, ETC.) NOT WHILE | 17s.1 certify that (I) (this hospital) attended the deceased from saw he deceased alive on abgree (I) (we) (did) (did not) v and that in (my) cour; opinion death occurred on the date and hour and from the causes stated 27h SYANATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77« ADDRESS YSICIAN'S NAME ITTE OF PROM 33a BURIAL, CREMATION, REMOVAL 73r. NAME OF CEMETERY OR CREMAJORY

DHMH - 16 50M 4/82 (VRA 15, 4)

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CERTIFICA

(SPECIFY)

74. FUNERAL DIRECTOR

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MPORTANT: If hy

detached for use as State Dept. of Health s

ould be detached iff the State Dept.

FUNERAL DIRECTOR.

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HOSPITAL

Anatomy Board

12/9/83

ADDRESS Balto., Md.

CITY OF TOWN

154 DATE RECD. BY REGISTRATISE REGISTRATES SIENATE

COUNTY

YES [

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STATE

Anatory board Ealto, Md. 10-9 16383 of for a Marga

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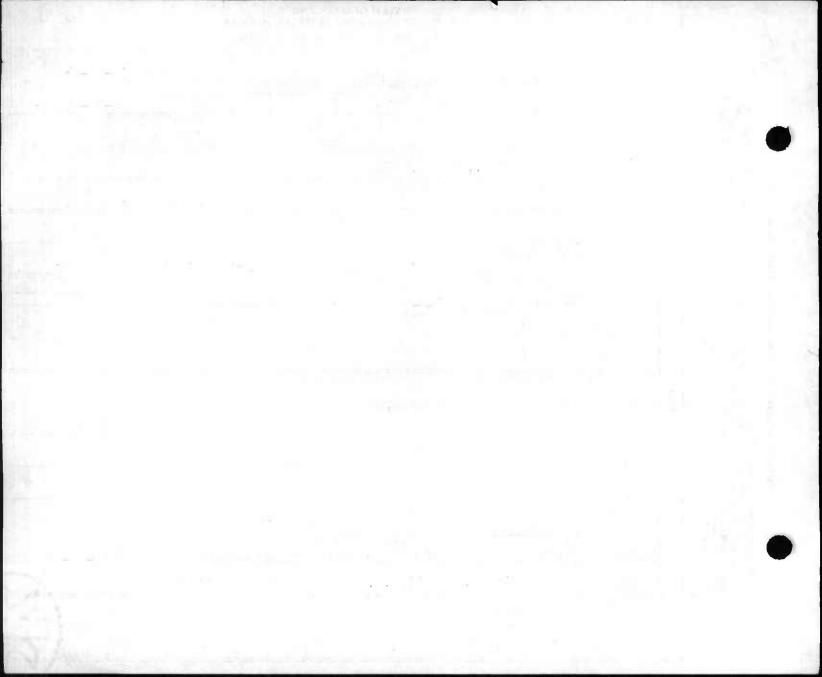
FOR STAT	E		STATE OF A		IYGIENE O	2 2	6 5	
REGI	STRAR	MEI	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO	5 .		
1. DECEAS			WIDDIE	LAST	20 DATE KNOWN C	MONTH DA	AY YEAR 2b.	HOU
		EPH	H. CLADK		DEATH MATED	1 4 4		
3. SEX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT	DER 1 YR. IF UNDER	24 HRS 2c. DATE MIN. PRONOUNCED	MONTH DA	AY YEAR 2d	HOU
Ma1	e Black		18 65 YRS.	ns. Dats Hooks	DEAD	12-30) -83 9:	52
70 BIRTHP	PLACE (STATE OR COUNTRY)	76. CITIZEN OF WH	AT COUNTRY? 8. MARR	IED NEVER MARRI	IED 9 BALTIMORE CITY C	R COUNTY O	FDEATH	10
N.	Carolina	U,SA	. WIDOV	VED DIVORC				M
	rtown of death timore	11. NAME OF HOSE	PITAL, NURSING HOME, OR OTH GUITY, GIVE STREET ADDRESS) Broadway 6D	HER INSTITUTION	120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	E OF WORK 12b	KIND OF BUSINI OR INDUSTRY	ESS
			/E RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	Lia CTREET ADDRESS	21	231	
130 STATE	vland 13b. COU	NIT	Baltimore	YES X NO	13e STREET ADDRESS 201 S. Broa	dway A	ot.6D	
14. FATHER	R'S NAME			15. MOTHER'S MAIDE	EN NAME			
	Ji11	MIDDLE	Clark	Leah	MIDDLE	So	1 omon	
Ido. WAS E	DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS			
	(IF YES, GIV	E WAR OR DATES)	229-12-0959	Betsy C	lark 3800 W.	-		St.
	CAUSE OF DEATH (Enter o	inly one couse per line		T Decely o	1411 0000 111		APPROXIMATE INTE	ERVAL
	2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMINAL DISEAS		RT 1 (g).	120	AUTOPSY?	
5	DATE OF OFERATION	THE CONDIT	IOITTOR WINCH OF ERRIBOR II	ASTERI ORMED:		20		. (1)
OCAL CO	EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE OF INJURY OCCURRED HILE NOT WHILE WORK AT WORK	P.M. 21e PLACE C	MONTH DAY YEAR 19 DEINJURY (ATHOME, 21f LC)	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)		STATE
der ACT SSG	220 I certify that I took chain on the resulted from: Not NATURE	ural causes XX	Accident, , Suicide	TITLE (SPECIFY) A.D. Assistar	Undetermined manner	DATE SIGNED		
23a BURIAI	L'CREMATION, REMOVAL JRIAL		234 NAME OF CEMETERY C	OR CREMATORY	173d LOCATION	1s,	Md ^{TATE}	
24 FUNER	RALDIRECTOR F/I	Inc. ADDES	.01 E North A		REC'D. BY REGISTRAR 256. REGI	- 0	ATURE	

DHMH - 17 (VR A15 ME (5))

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20M 4/B2

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requires that the death certificate be executed within 24 hours after death. Page

completely filled in by the fi

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAK		42			REG. NO.		
	DECEASED NAME FIRST	WIDDLE	l l	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1.	THEOI	OORE F.	CLA	RK	200	12	31 83	10:02Am
3.	SEX	1 RACE	5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	MALE	WHITE	02		05	78 YRS	The state of the s	HOURS MIN.
-70.	BIRTHPLACE (STATE OR FOREIGN	b. CITIZEN OF WHAT COU	NTRY? 8	D NEVER /	AADDIED [9 BALTIMORE CITY OR COUN	TY OF DEATH	
	MARYLAND	U.S.A.	WIDOWE	_	VORCED [BALTIMORE CIT	Y	MD.
10	CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, N		OR OTHER INST	ITUTION	12a USUAL OCCUPATION 17 YPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
1	BALTIMORE	ST. AGNES		L E.R.		STEEL WORKER		LEHEM
13	SUAL RESIDENCE (IF NURSING HOME OR)	OTHER INSTITUTION GIVE RESIDENCE TY 13c. CITY O		1 13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DF	STEEL
		IMORE ARBU		YES [NO 🔀	949 ELMRIDGE A		21229
24	FATHER'S NAME	AIDDLE (A	NST TEN	15. MOTHER	S MAIDEN NAM	ME MIDDLE	1/	ST
V		NOWN				UNKNOWN		
160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMA	NT	ADDRESS		
L	NO		05-3952	KENNET	CH E. CI	LARK 402 CHALF	ONTE DR.	, 21228
Г	18 CAUSE OF DEATH (Enter and	y ane cause per line for (a),	(b), and/ici.).	ME SUDY	0 -	-/	BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUSED	E CAUSE (D)	roude	AN	Myla	lemed		
	4140	DUE TO, OR AS A CON	SEQUENCE OF	0	4	/ 11.		
	Conditions, if any, which	(b) /40/16	reose	leron	10 1	ceart dusta	SP	
	gave rise to immediate cause (a), stating the	DUE TO, OR ASTALON	ISEQUENCE OF		1	10		
	underlying cause last.	1 6 Chry	mic	Ca	rollar	sachuse		
1		ONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED	TO THE TERMI	IN ALD DE ASE OR CONDITION O	SIVEN IN PART 1	(0)
CEDITIES				130.0				
7	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED		YES, WERE FIND	
							YES 🗌	NO 🗆
7 8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM)	B PART I OR PART 2)	
13	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE EARLY ETC.)	211. LOCATIO		CITY OR TOWN	COUNTY	STATE
13	WHILE NOT WHILE D	(AT HOME, STREET, PACTORY,	OFFICE, FARM, ETC.)			0.0	03	
	220 I certify that (I) (this haspit	al) attended the deceased	from Mr	e-	. 19 8 3	. to 0 / 100	19	that (I) (we) lost
Ш	saw the deceased alive an above, (1) (we) (did) (did not	Diew the book ofter death	_19	nd that in (my)	(aur) opinian d	death accurred on the date and h	iour and from the	e causes stated
1	724 EIGNATURE	. 1) 1	last OI	DECREE &	10)		22c DAT	SIGNED
1	Merbert - 1	MICRAL / 10	12/18		PHYSICIAN [DIRECTOR PHYSICIAN	5	0484
1	THE PHYSICIAN'S NAME HUR OF	PERMIT)	01	AND ADDRES	5	MANAGE CENT	-	1
	WILLIAM J. BRY	SON, M.D.		5772	WESTV	IEW MALL, 21228		
23	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C			23d LOCATION		
	BUR IAL	01-03-84	LOUD	ON PARE		BALTIMORE CI	TY MA	RYLAND
24	FUNERAL DIRECTOR			21229	25a. DATE			
	HUBBARD FUNERAL	HOME, INC. 4	DRESS		77	N 3 1084	and	Cohell

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate that then signed by the ottending physicion and should be detached for use as the busing training after the please remove carbon papers. Page with the State Dept of Health on Americal in gains priers to busing, cremation, as removal.

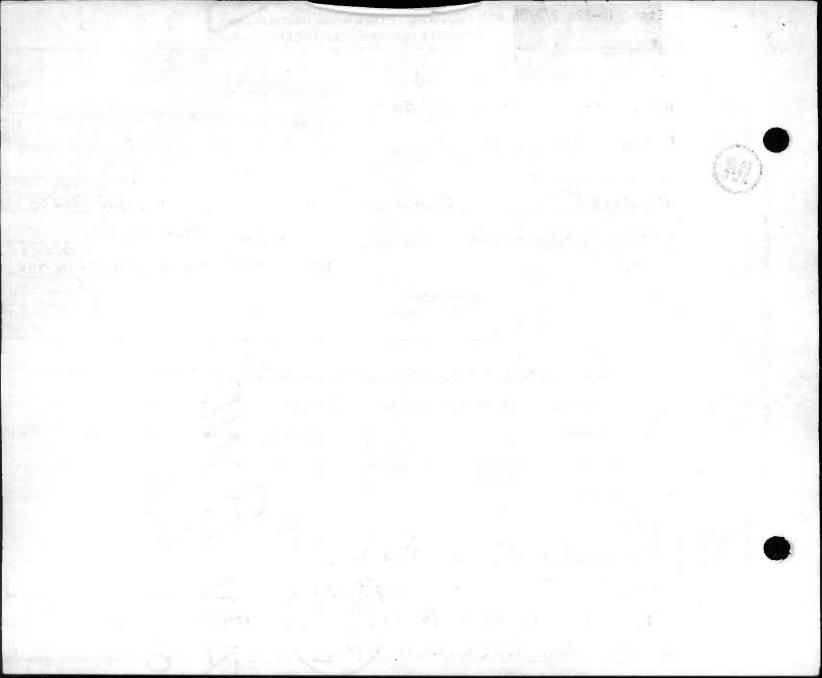
TO HOSPITAL OR ATTENDING PHYSICIAN THE IDE retained by the hospital or attending physicial them I strang any injury, ar ather traumotic event, the

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1,2	I tem #18-22a 2/8/84 mtb CHEARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 2 6	1
1 0	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. RECEASED NAME FIRST MIDDLE LAST REG. NO. 120. DATE KNOWN EXAMINED MAY	YEAR 126 HOLLE
	VILLIAM J. CLARK, JR. 20. DATE KNOWN WX MONTH DAY OF ESTI- DEATH MATED 12-16-8	12.1100.
SE	A RACE S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 12-16-8	YEAR 2d HOUR 33 10:2,1
B	BIRTHPLACE (STATE OR FOREIGN COUNTRY? TO CITIZEN OF WHAT COUNTRY? WIDOWED NEVER MARRIED PALTIMORE CITY OR COUNTY OF D WIDOWED DIVORCED Baltimore City Baltimore City	MD
B	Baltimore (IF NOT NAME TACHTY OF THE TACHTY OF THE TACHTY OF THE TACHTY OF WORKING LIFE) OR OR	ID OF BUSINESS INDUSTRY
13a .	STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE (ITY LIMITS? 130 STREET ADDRESS PARTY AND 136 INSIDE (ITY LIMITS? 130 STREET ADDRESS PARTY AN	21223
in	Dilliam J. Clark SR Willie Petitord	AST
	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. ORUNKNOWN) (IF YES, GIVE WAR OR DATES) NO 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WAS Willie Clark 509N. Full	ON AUE
NO	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to .	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 A	UTOPSY?
MEDICAL CER		STATE
	220. I certify that I took charge of the remains described obove, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Natural causes X. Accident Suicide , Hamicide Undetermined manner . ACTUAL SIGNATURE	7-83
4,	BURIAL CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY CHYOR TOWN BURIAL CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, REMOVAL 236. DATE BURIAL CREMATION CHINAL CREMATION BURIAL CREMATION CHINAL CREMATION CHINAL CREMATION BURIAL CREMATION CHINAL CREMATI	STATE
1	FUNERAL DIRECTOR NAME ADDRESS ADDRES	JRE

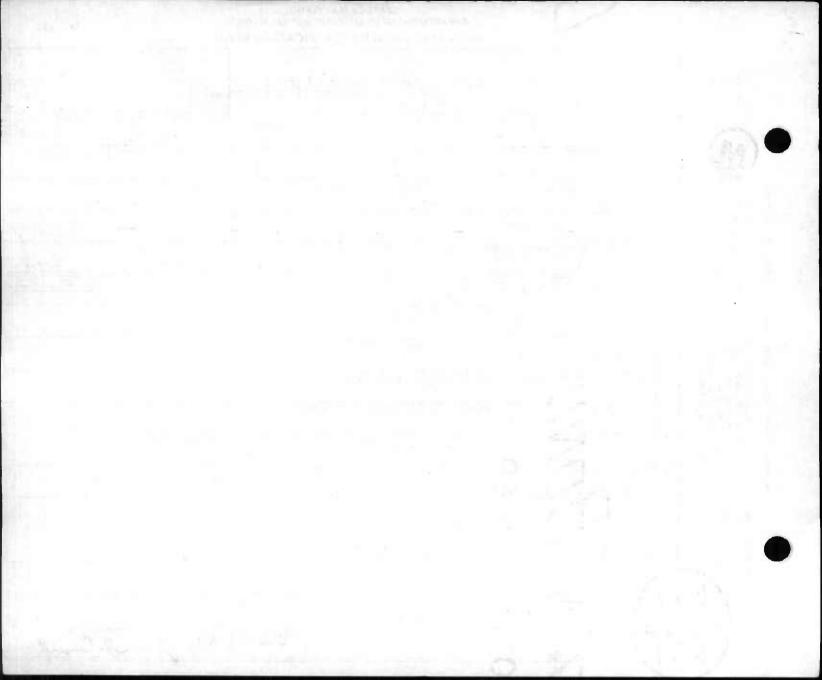


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DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGI

	1-:	FOR STATE REGISTRAR					H AND MENTA		ATU	3 2 g. no.	2 5	3
		CEASED NAME OR PRINT)			MIDDLE	0.	LAST		70. DATE KNOW OF ESTI- DEATH MATE	N XX MONTH	-24 1983	7b. HOUR
	3 SEX		Marv 4. RACE	5. DATE OF BIRTH	YEAR LA	GE (IN YEARS IF U		IDER 24 HRS.	. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	1:45
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Ų		Maryl		USA		WIDO	41	ORCED L	Baltimor	- Ab		MD.
1		ry or town altimo		11. NAME OF HOSPI	LITY, GIVE STREET	ADDRESS)	HER INSTITUTION		SUAL OCCUPATION R MOST OF WORKING LIFE		OR INDUST	
L	1			Provide Provide Provide Provide								
Ĺ	130. S1		13b. COUN		13c. CITY OR 1		13d. INSIDE CITY LIMI	TS? 13e. ST	REET ADDRESS	2	1217	
J		aryla			Balt	imore				lock	Street	
0	14. FA	THER'S NAM	E	MIDDLE	LAST		15. MOTHER'S M	AIDEN NAM	MIDDLE	_	LAST	
	160. W	VAS DECEASI	ED EVER IN U.S. AR		16b. SOCIAL	SECURITY NO.	17. INFORMANT		ADD	RESS		
		NO OR DINKN	OWN) (IF YES, GIVE	WAR OR DATES)			Larry	Clavi	ton 3327	St.A	mbrose	Ave
			OF DEATH (Enter on	ly one cause per line fo	or (a) (b) one	1/6))	Indira	Olay	COH JJE1	0 6 111	APPROXIMAT	E INTERVAL
			EATH WAS CAUSED	DBY: C		ound of 1	Neck				BETWEEN ONSE	T AND DEATH
		91	10 IMMEDIAT	/ DUE TO, OR A							1	
		Condition	ons, if ony, which	00210,000	0 A CON 0 E Q	OLIVEE OI						
			rise to immediate	(b)	C A CONICEO	UELICE OF					-	
		lying co		DUE TO, OR A	S A CONSEQ	UENCE OF						
		BART 2 OTHER	CONTINUE CONDITIONS	(c)	T MAT BELATER Y	N THE VERNINAL RICE					1	
	z	FARI Z UINER :	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	I NOI KELAIEU I	D THE TERMINAL DIZES	IZE OK CONDILION GIAFN	IN PART I (a)				
7	CERTIFICATION	IRA DATE O	FOPERATION	TIBL CONDITION	ON EOR WHI	CH OPERATION :	WAS PERFORMED?				20 AUTOPSY	2
1	2	INC. DATE O	OLEKATION	THE CONDING	JIV POK WITH	CHOLEKAHON	WAS FERT ORMED!					
4	E	11a EYTERN	AL CAUSE WAS	21b. TIME OF I	MILIDY	721. 1	AOW IN HIRV OCCI	IDDED .CAUSE	R NATURE OF INJURY IN IT	10 0 ABY 1 OR 0	YES X	NO [
3	MEDICAL CE	INDEDIVIN	c X co	HOUR A.M. 12:56xx	MONTH DAY	Y YEAR	subject wa			EM TUPART TORP	ARI ZJ	
	i i	21d INJURY		21e PLACE OF STREET, FACTOR		HOME, 21f L	OCATION STREET		CITY OR TOWN	cc	DUNITY	STATE
	>	AT WORK	NOT WHILE AT WORK		ome	1	121 White	lock S	Street, Ba	alto.,	Md.	
		220 1 000	tifu that I taak shara	e of the remains descr	had obaye b	eld as Auto	psy X, Insp	ection .	Inquiry .	ond in my o	DIO DO	
		deoth resul		rol couses	sident [Suicide L	, Homicide X	_	etermined monner		pilloti	
		deom resu	ned vein: Natur	+ OTA	ncodem	, Suicide L	TITLE (SPECIF		etermined monner			
		ACTUAL	Noces	1	1100	Mit	Assist	mm4		DATE		4-83
1		SIGNATURE		-	11	17-0-1	W.D. TROUZED	WEI	DICAL EXAMINER	SIGN	ED	
X		EXAMINER'S (TYPE OR PR	NAME DE	ennis F. Sr			_ADDRESS	111	Penn Stre	eet		
			ATION, REMOVAL 2				OR CREMATORY	CIT	OCATION Y OR TOWN	cou		TATE
		BURI		12/29/83	Mou	nt Zio	n Cemete		ansdowne		Мс	1.
	74. FU	JNERAL DIRE	CTOR	ADDRESS			250.00	FILE	RY REGISTRAR 25	GISTRARIS!	STONATURE	

Wm C March F/H Inc. 1101 E North Avenue



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(VR A15 ME 20M 4/B2

	REGISTRAR		MEI	DICAL EXAMINER	5 CERTIFICATE C	OF DEATH	REG. NO.		
	CEASED NAA	AE FIRST		WIDDIE	LAST	20. DATE OF	KNOWN X	WONTH DAY	YEAR 2
Lite	E ORPRINI)	Willi	iam H	lerman	Clinton		MATED		1983
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE		ONTH DAY	YEAR 2
Ma	le	Black	3 27	65 18 YRS.	MONTHS DATS HOOKS	DEAD)		19 83
TE B	RTHPLACE (STATE OR	76 CITIZEN OF WH	HAT COUNTRY? 8. M	ARRIED NEVER MARR	BED TO BALTIM	ORE CITY OR	COUNTY OF D	EATH
Mas	hingto	n, D.C.	U.S.A.	WI	DOWED DIVORC	ED 🗆 B	altimore		
		imore	Univer	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS) SITY HOSPITAL		120 USUAL OCCU for most of wor Student	PATION (TYPE OF RKING LIFE)	WORK 12h. KIN OR,	id of Busii Judustry None
	TATE	HIL COUN		VERESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 5 Landover	13d. INSIDE CITY LIMITS? YES-K NO	13e STREET ADDRE		Drive	207
J4. F/	ATHER'S NAM	NE .	MIDDLE	1241	15. MOTHER'S MAID	ENNAME	AIDOLE	1	AST
	Willia	am	,	Clinton	Alice				aster
16a V	VAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO	and the second s			ellhave	
	lo			577-82-1052	Alice C.	Clinton	Landov		2078
	IN CAUSE	OF DEATH (Enter or DEATH WAS CAUSE	nly one cause per line	for (o), (b), ond (c).)				BETW	PROXIMATE IN
	gave couse (ons, if any, which rise to immediate o) stating the <u>under</u> ause last.	(b)	AS A CONSEQUENCE OF					Ť
NOI	gave couse (couse (couse (couse for light))	rise to immediate o) stating the <u>under</u> <u>ause last.</u> SIGNIFICANT CONDITIONS	DUE TO, OR (c) CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL C		ART 1 (a).			
ICATION	gave couse (couse (couse (couse for light))	rise to immediate o) stating the <u>under</u> ause last.	DUE TO, OR (c) CONTRIBUTING TO DEATH			ART Liai		20 A	UTOPSY?
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DICAL CERTIFICATION	gave couse (couse (cous	SIGNIFICANT (ONDITIONS OF OPERATION HAL CAUSE WAS IG SO OR OCCURRED	DUE TO, OR (c) 196, CONDITION 216, TIME OF HOUR A.M DEATH 11: 02%	FINJURY 2 1 19 83	ON WAS PERFORMED?	ED (ENTER NATURE OF IN		Y I OR PART 2)	ES 🗆
MEDICAL CERTIFICATION	gave couse (couse (cous	SIGNIFICANT (ONDITIONS OF OPERATION HAL CAUSE WAS IG SO OR OCCURRED	DUE TO, OR (c) 196, CONDITION 216, TIME OF HOUR A.M DEATH 11: 02%	FINJURY MONTH DAY YEAR X 12 1 19 83 DEFINJURY (ATHOME. 21)	Driver in a Of Location Street	ED (ENTER NATURE OF IN Uto/parke) CITY OR TO	d tracto	ortraile	er im
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20019

ROLLINS FUNERAL HOME, INC.
4339 HUNT PLACE, N.E.
WASHINGTON, D.C. 20019

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME FIRST 2a DATE OF DEATH (TYPE OR PRINT) 83 MARY ٧. CLOPEIN 3. SEX 4. RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR 26 99 Female White 84 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED 1 DIVORCED [E CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore St. Agnes Hospital Homemaker OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION JUAL RESIDENCE (IF NURSE HOW I STATE YTHUC 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland A.A. Linthicum Het 314 Darlene Avenue YES [21090 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Harry Smith Hannah M WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 214-74-4138 Dorothy Wise 1705 Summit Avenue NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: 4nresi AR DIOPULMONAR IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF NYOCARDIAL Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse ENERROVASCULAN HECIDENT. 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 19a DATE OF OPERATION

Schoenfelder 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 HOURS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital ottended the deceased from_ sow the deceased alive on 27 DEC obove, (I) (did not) view the body ofter death 87, and that in (my) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF 27 DEC 83 DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS ASTIMONE, 1110 21229 NOF NOREW 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Baltimore (SPECIFY) Maryland 12/30/83 Loudon Park Cemetery Burial 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE .

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT:

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24 FUNERAL DIRECTOR

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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IF UNDER 24 HRS HOURS

CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE or service and the service of the se

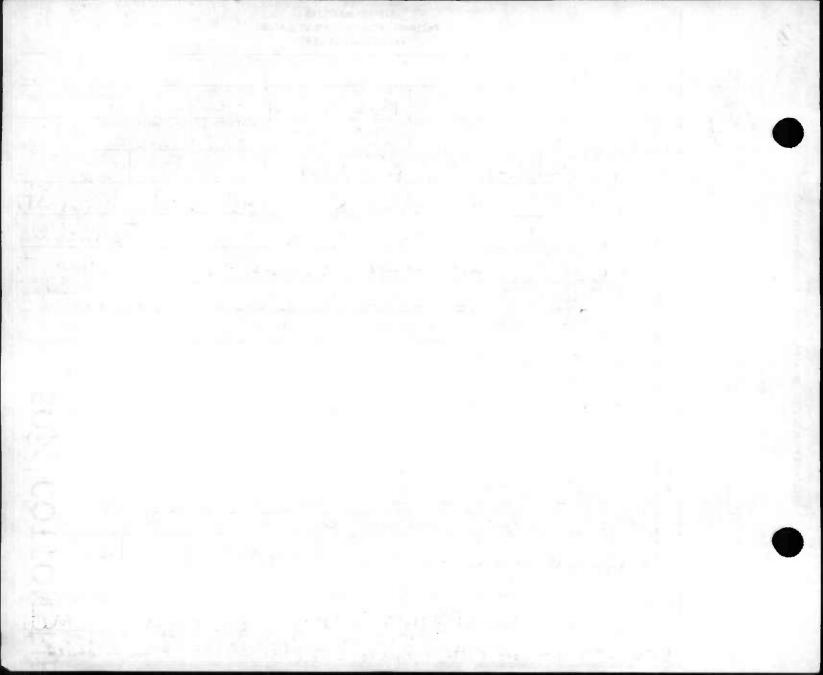
requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Figure with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

STATE OF MARYLAND

	1-	STATE REGISTRAR	DEPAR	CERTIFICATE OF DE	ATH	REG. NO			
1		EASED NAME FIRST	MIDDLE	<u> LAST</u>	20	DATE OF DEATH	AONTH DA	Y YEAR	2b. HOUR
1	(IYPE	OR PRINT)	All	Cali			2 12	2 83	7:40 AM
1	3. SEX	A grand C	4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
j	m	24/4	black.	Bec DAY	1419	42	YRS.	NTHS DATS.	HOURS MIN.
1		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MA	ARRIED 9.	BALTIMORE CITY OF	COUNTY	F DEATH	1
)	n	Oaryland	U.S.		DRCED T	Batt	moi	te 1	CILYMD.
1	10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTIT		USUAL OCCUPATION			OF BUSINESS OR
ı	K	a Himora	Lutheran	TOS PITO	4 1	TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	001
	130. S	LERESIDENCE IN NURSING HOME OF TATE 136 COUN		OWN , 134. INSIDE CIT	Y LIMITS? 13	STREET ADDRESS	·Mu	Paer	my St.
1	14. FA	THER'S NAME	MIDDLE C LAST	by Put	MAIDEN NAME	WIDDLE	7	oh"	ison,
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMAN	T	ADDRES	S	00 1	1
1	(1)	NO NO OKONKNOWN) (IF TES, GIV	217-4	10-60 (arine	JONES	5-3613	W.	Mull	sevu, SI
1		18. CAUSE OF DEATH (Enter or	ally ane cause per line for (a), (b),	and (c).)				BETWEEN	MATE INTER AL
۱		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o) Acut	- MI E Ca	rdio U	asula- ce	llance	600	mintes
ı		4/100	DUE TO, OR AS A CONSEC	NIENCE OF					
ı		Conditions, if any, which	(b)	JOENCE OF					
		gave rise to immediate couse (a), stating the)						
١		underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF					
١		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED T	O THE TERMINA	AL DISEASE OR COND	ITION GIVEN	N IN PART III	0.
1	NO.	Currelen ck Gu	Musi les	100 L4-5 de	1 dive	u.			
7	AT	190. DATE OF OPERATION	198 CONDITION FOR WHIC	CH OPERATION WAS PERFOR	MED	200 AUTOPSY?		WERE FINDIN	
	Ĭ	-				YES NO	YES	NG CAUSES	OF DEATH?
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1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
ı	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	1				
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1			tal) attended the deceased from	12-4	19_83	, to 12 - 1	2	85	that (we) lost
1		saw the deceased alive an	12-12- it) view the body after death.	ond that in (m) (a	our) opinion dea	th occurred on the dat	e and haur a	and from the	causes stated
ł		226. SIGNATURE	THE DOO'S GIVE OCCUR.	DEGREE				22c. DATE	SIGNED
1		Lun 1100	un ma	AT'	TENDING TENDING	MEDICAL STAFF	AN 🗌	12-1	2-00
1	4	224. PHYSICIAN'S NAME ITYPE C	OR PRINT)	22e. ADDRESS	,				
		Louis J.	Domenia 1	1008 001	Bredus	h Ave /	sult.	nd.	212/6
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CR	EMATORY	234 LOCATION	49	COUNTY	STATE
		Durial	Dec. 17, 1983 1	Mr. Calla	ry (em.	Baltiv	une	CO3(41)	Mai
	24. FU	NERAL DIRECTOR	ADDRESS	1913 W.	So. DATE R	EC D. BY REGISTRAR 2	FEGISTRA	AR'S SIGNAT	URE
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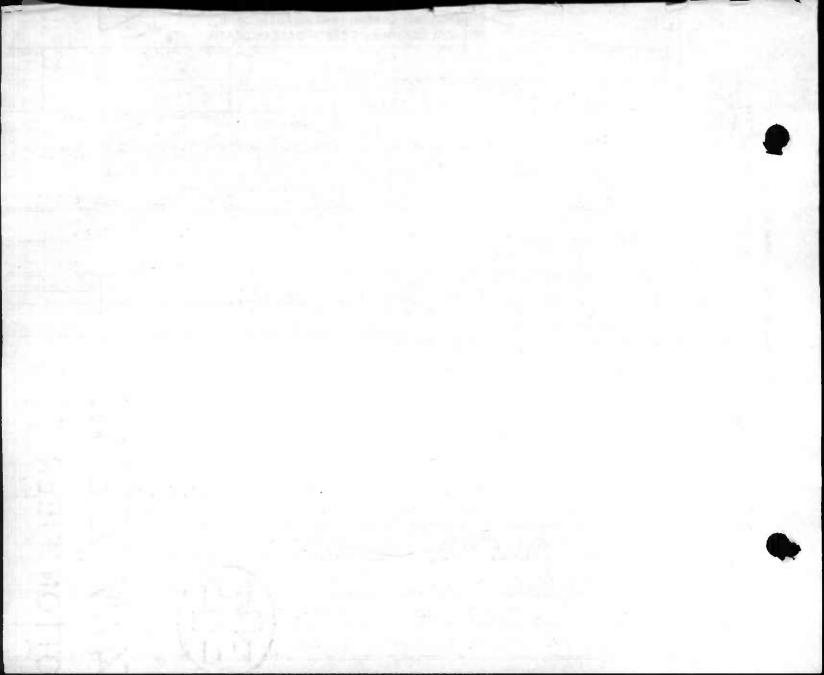
MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	ATH. IF ANY DELAY IS SS 1, 2, AND 3 TO THE PM 3. RETAIN PAGE IND 2 SHOULD BE FILED VITAL RECORDS; 201	4
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS I EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 4 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED PERTITIONOR WITH THE STATE DEATMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS; 201 PROTATO BURIAL CORREMATION, OR REMOVAL.	
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20M 4/82

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S. GIN		18 CAUSE OF DI	ATH (Enter or	ly one couse per li	ne for (o), (b), ond (c).)		MIICC	1.7.	Dear		000		T APPROXIMATE	INTERVAL
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NORI BEU	RTIF	2To EXTERNAL C	AUSE WAS	21h TIME	OF INJURY		21c H	OW IN ILIRY O	CCUPPED	1 FINTER NATUR	E OF INTURY IS	I ITEM 18 PAR	T I OR PART		NO []
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGE AFTER DEATH, WITH THE STATE DEPARTIMENT OF HEALTH AND MENTAL HYGIENE, DIVISIBALIMORE, MARYLAND, 21201 PRIOR, JO BURIAL, CREMATION, OR REMOVAL.	AL CI		X	HOUR A	M 12	7 10 R	3 51							.,	. 200
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completing filleds should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked at Item 18 shows any injury, ar other traumatic event, the medical exampler mass to

n by the funeral director, page 3 filed within 72 hours after death

notified of ance.

death. Page 4 may be

FOR - STATE PEGISTRAP

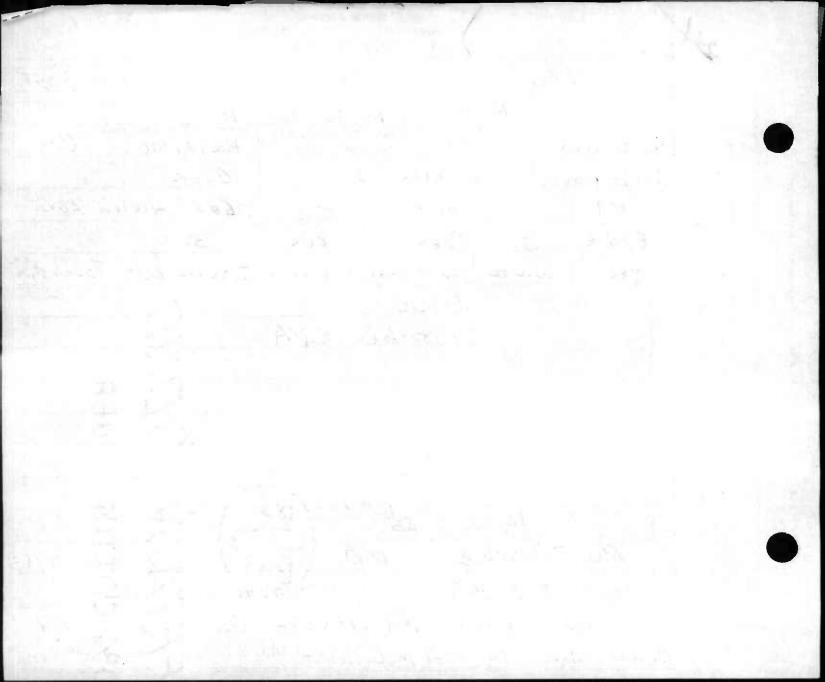
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ì		REGISTRAR		CERTIFIC	TE OF DEATH	REG. NO)		
		CEASED NAME FIRST	MIDDLE	PLAST		T		EAR 26 HOUR	- 0
	2.05	Lee		Co	es	/	2/20/8	5 3:03	M
	3 SE	1/1010	1 RACE	5. DATE OF B	DAY YEAR	6 AGE (IN YEARS LAST BIRT		UATS HOURS	4 HRS MIN.
1	7a. BI	RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY	2 8	15-12	9 BALTIMORE CITY O	YRS.	TH	
1	G	COUNTRY)	USA	MARRIED	DIVORCED	Ba 1+1	MORE	, City	MD.
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5	13a. S	AL RESIDENCE (IF NURSING HOME OR OF COUNT IN A COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFOR) - 13d YI	INSIDE CITY LIMITS?	3600	HARTEM	AUR	
		todie :	S, Cots	15	MOTHER'S MAIDEN NA	MIDDLE S.	4	LAST	
			MED FORCES? 166 SOCIAL SEC WAR OR DATES) 126-10-	6424 C	SHERRENK	Johnson		Touchs	tour
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), a:	nd (cl.)			BFT	PPROXIMATE INTERV.	AL EATH
	13	13/20 MMEDIATE	-1//1 11 1	<u> </u>					
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9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE F	INDINGS USED	
7	RTIF					YES NO	IN CERTIFYING CA	NO 🗌	?
		210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN HEM 18 RARL LORPAL	RT 2)	
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		sow the deceased alive an above, (1) (we) (did) (did nat)	14/20 10/	3 ond the	ot in (my) (our) opinion	death occurred on the dat	e and hour and from		
		276. SIGNATURE TD	wong	MI (MEDICAL STAFF		DATE SIGNED	182
		BICH T	DUONG	226	LUTHER.		PITAL		
	23a BI	BURIAL BURIA	136. DATE 183 183 1		TERY OR CREMATORY	23d LOCATION CROWNS V	illy COUNTY	May	A
	24 FU	NERAL DIRECTOR NAME ATMAN LARRIS	ADDRESS	mcC. 1	10654 25 DE		SER GISTRAR'S SIG		
1		Advic.	1 0 1	1009/	01101.		/		

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR	STRAR CERTIFICATE OF DRATH REG. NO.									
DECEASED NAME	WREN	ENCE'	E.E.	1	COGGINS	2a DATE OF DEATH	12 - 17	1-83	88	
MALE						_	MC		HOURS MIN.	
MARYLAND				1	V	9. BALTIMORE CITY OR COUNTY OF DEATH				
BALTIMORE				G HOME O		TYPE OF WORK FOR MOS	OF WORKING LIFE	INDUSTRY	F BUSINESS OR	
SUAL RESIDENCE (IF NURS MARYLAND	THE COUNTY					130 STREET ADDRES	. PLEA			
A FATHER'S NAME PIR DAVI	D MIDDL	.E	COGGINS	5			S	MICK SMICK	т	
NO NO OR UNKNOWN)										
gave rise to improve (a), static underlying cause	nediate ig the last.	(c)					ndition give	N IN PART 110	a	
19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	_ (\	IN CERTIFY	ING CAUSES	OF DEATH?	
OR CONTRIBUTION O	CAUSE OF DEATH	HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18, PAR	RT 1 OR PART 2)		
WHILE IT NOT WE	IILE 🗆			ARM, ETC.)		CITY OR	TOWN	COUNTY	STATE	
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36 BURIAL, CREMATION,		B. DATE		IAME OF CI		236. LOCATION		COUNTY	STATE	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN, The IO

DIPPEL FUNERAL HOMES

MPORTANT: If Item 21 is marked ag TO FUNERAL DIRECTOR, After should be detached for use as th with the State Dept. of Health an

> BOKTAL 24 FUNERAL DIRECTOR

PARKWOOD CEMETERY PARKVILLE 12/14/198\$ 7110 BELAI BALTIMORE

MARYLAND

BALTO. MARYLAND

Philupperia__ CORPRER HEART PLOCKE. H. Chustler 88/10/1851 301 ST PHILL ST. BALTO HO. H CHARGOLL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME WIDDLE 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 5 DATE OF BIR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH YEAR STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDTXX DIVORCED 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Charles General HOUSEWIFE AT HOME 13b. COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE MARYLAND YESXX 3929 CLARKS LA. NOF 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE **ABRAHAM** BULMASH BERTHA MR. ALVINORES COHEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) 219-42-5873A 3807 NEMO RD. NO RANDALLSTOWN, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY DUF TO, OR AS A CONSEQUENCE OF 15C Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 211. LOCATION 214. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE -NOT WHILE 22a. | certify that (I) (this hespital) attended the deceased from 19 82 _, and that in (my) (aux) apinion death accurred on the date and hour and from the causes stated saw the deceased alive an DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN PHYSICIAN 22e. ADDRESS

DHMH - 16 50M 4/82

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MPORTANT:

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(VRA 15, 4)

24 FUNERAL DIRECTORSOL LIVINSON & BROS INC. 600 REISTERSTOWN RD.

230. BURIAL, CREMATION, F

BALTO, MD

DEC.6,1983

23¢ NAME OF CEMETERY OR CREMATORY

HEBREW YOUNG MEN

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BALTIMORE

COUNTY MARYLAND



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3. SEX

CERTIFICATION

MEDICAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR S. S. LIMIT REG. NO LAST 2n DATE OF DEATH DECEASED NAME MIDDLE 2h HOUR (TYPE OR PRINT) 12:10 PM NETTIE COHEN 12 26 83 1906 IF UNDER I YEAR 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. MONTH XXXX WHITE FEMALE 7XXX 02 10 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COMARYLAND USA BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a, USUAL OCCUPATION INDUSTRY NONE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIE BALT TMORE SINAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY
1170. GIVE OR POSSIBLE TO STATE
1170. GIVE OR 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND **BALTIMORE** YES XX NO 6115 STHART AVE #21209 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE LAST SAMUEL MARY COHEN LEVINSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17. INFORMANT EDWARD MODRESOHEN LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES NO 6115 STUART AVE. BALTO. MD 21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: RESPIRATORY 10 minutes ARREST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Chours, BRAIN STEM DYSFUNCTION Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF 16 PAYS underlying couse INTRATHALAMIC BEEED POLIO 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

	MY NO		YES 🗌	NOM	YES	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	URY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	COUNTY STATE
22a. certify that (1) (this haspital)	ottended the deceased from	10 19 80	3	12/20	19 53	, that (I) (we)

19_83, and that in (our) opinion death occurred on the date and hour and from the couses stated saw the decaysed alive on 12/26/12 obove, (I)(we) did (did not) view the body after death. 12/26/1 22¢ DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL 12/26/83 PHYSICIAN [DIRECTOR PHYSICIAN

22e. ADDRESS 22d PHYSICIAN'S MAME STYPE OF PRINT DOUGLAS G. MARTZ JIE.

BALTIMORE SINAL HUSPITAL OF 23d. LOCATION

BALTIMORE

SPECIFYBURIAL	DEC.2	8,1983	BETH TFI	ery or crematory LOH
FUNERAL DIRECTOR	SOL LEVINS	ON & BROS	S INC.	25a. DA

6010 REISTERSTOWN RD. BALTO., MD

DEC 21215

250. DATE REC'D. BY REGISTRAR 251. A COTT PART STONATURE

COUMMARY LAND ATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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FUNERAL DIRECTOR:

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MPORTANT:

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STATE OF MARYLAND	4	44	63	- 1	7	
MENT OF HEALTH AND MENTAL HYGIENE	0		Car	100	1	4
CERTIFICATE OF REATH						

FOR DEPART - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. DECEASED NAME MIDDLE 2n DATE OF DEATH 26. HOUR TYPE OR PRINT LEONARD COLE DECEMBER 30 1983 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE DAYS MONTH 21 42 Black Male BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED X BALTIMORE CITY DIVORCED Maryland WIDOWED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMOKE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1429 E. Eager St. 21205 Baltimore YES X NO F Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cole Gladys Matthews Frank 166 SOCIAL SECURITY NO 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Rosie M. Colbert 1429 E. Eager Street NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY 14POTENSIDN IMMEDIATE CAUSE (0). OR AS A CONSEQUENCE OF PNEUMONIA Conditions, if onv. which gave rise to immediate couse (o), stoting the DUF TO, OR AS A CONSEQUENCE OF SQUAROUS CARCINOMA OF THE DECK underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED I DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOM 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY .. STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) Whis hospital) attended the deceased from (my our) opinion death accurred on the date and hour and from the causes stated

oboye, (1) we (did) did not) view the body after death

ATTENDING

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

226 SIGNATURE

BURIAL

22e ADDRESS

DEGREE

STAFF PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Randallstown King Memorial Pk.

MEDICAL

Md

24. FUNERAL DIRECTOR

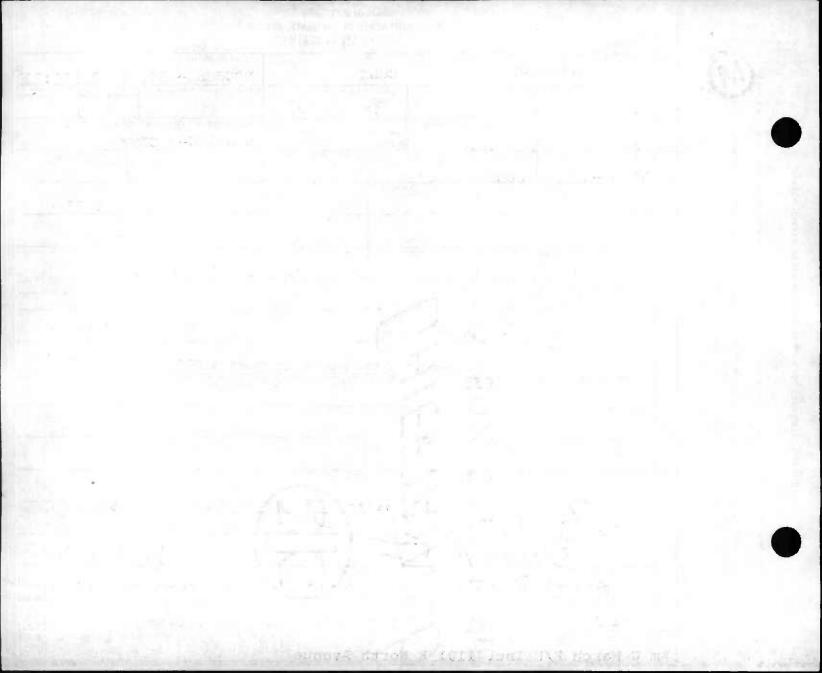
Wm C March F/H Inc. 1101 E North Avenue

1/6/84

236 DATE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co-should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages II with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medica

MPORTANT: If Hem 21 is marked or Hem 18 shows any

mpletely filled in by the funeral and 2 should be filed within 72 f

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR			CERTIFIC	ATE OF DE	ATH	REG. N	10.			
	CEASED NAME FIRST Ellen	MI	DDLE	Co/	eMA.	h	20. DATE OF DEATH	MONTH /2-	9-83	26 HOU	RO M
3. SEX	Female	1. RACE B.		S. DATE OF B	10	89	6 AGE (IN YEARS LAST B	IRTHDAY) YRS.	MONTHS DAYS	HOURS	MIN,
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	-0		NEVER M		9 BALTIMORE CITY	OR COUNT	OF DEATH		
10 CT	Baltimore	(IF NOT IN SUCE	DSPITAL, NURSING	DRESS)	OS DI	TUTION Tal	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		LIFE) 12b. KIMD O	F BUSINE	MD.
13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		ISC. CLEY OR TOWN	Anore		Y LIMITS?	13e. STREET ADDRESS	W.	OLIVER	S	<u>T.</u>
WE	ST.	MIDDLE	BENTO	N	FANN	rst I.E.	MIDDLE	BEI	VTON IAS	7	
16a W	NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SECUR		ANNIE		uson 262		OLIVER	ST	
NOI NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COLUMN	DUE TO, OR	AS A CONSEQUEN	CE OF	OT RELATED T	O THE TERMI	NAL DISEASE OR COI	NDITION G	IVEN IN PART 100	3	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH O	PERATION V	VAS PERFOR	MED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []		
MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINES 21d INJURY OCCURRED	HOUR A.M P.M 21e. PLACE O	. MONTH DAY	YE AR 19 21	II. LOCATION		ED (ENTER NATURE OF INJ		(COUNTY	5	STATE
	WMILE AUTOR DAY AND	12 ~ 9 ~ It) view the bady a	19 8	DEC	GREE	19 53 pur) apinian d TENDING HYSICIAN	MEDICAL STA				
t	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. D. TE	FL.	ME OF CEM	EEK B	AP. C	723d LOCATION OWN	AIR	county CA	R.	TATE
LE!	ROY DYETT	& Son	F. H ADDRESS IN	NC. 46	500 L	BERE	14.2.1983	VE	lung C	abect	R

DHMH - 16 50M 4/B2 (VRA 15, 4)

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Elle e 10 89

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN; The law etained by the hospital or attending physician.

	REGISTRAR CEASED NAME OR PRINT! X M DIC. RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH B LACE (FINUS ING HOME OF DEATH B LACE (FINUS ING HOME OF DEATH CATE VAS DECEASED EVER IN U.S. AF VES. NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter or part I. DEATH WAS CAUSE PART I. DEATH WAS CAUSE OR CONTRIBUTING TO COUNTRY 190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK 220. I certify that (I) (this hosp sow the deceased alive or above, (I) (We) Glid (did not 22b. FIGNATURE		STATE OF MARTLAND		3 6 2 1 7
1 -	- STATE	DEPA	RTMENT OF HEALTH AND MENTAL H		NA NA
-				REG. N	
		WIDDLE	O LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
1	Mich	361	Coleman		12 10 83 12:098
3. SEX	X A A — La	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	Mare	Black	MONTH DAY YEAR	2 25 00	YRS.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
1	MARYAND	USA	WIDOWED DIVORCED		more city "
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	
E	Baltimore	Sinai H	IOSPITAL		el
USUA 13e S		OR OTHER INSTITUTION, GIVE RESIDENCE BE		130 SIREET ADDRESS	
M	buryland C	ity Balt	IMORE YES X NO [13903 B	onner Rd. 2121
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
1	FIRST	Middle	FIR51	MIDDLE	(ASI
			ECURITY NO. 17. INFORMANT	ADDRE	SS
()	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 214-4	4-9870 NOOMANI	COLEMBA	6107 RobaNhill
	Lu CAUCE OF DE AVU. S	and the second s	7079138		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			-1- 11	200	BETWEEN ONSET AND DEATH
	IMMED	IATE CAUSE (a)	Stem Hemorrh	MIC.	
	4310	DUE TO, OR AS A CONSE			
		DUE TO, OR AS A CONSE			
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TION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING	QUENCE OF QUENCE OF TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	
ICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING	QUENCE OF		DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
RTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OR AS A CONSE (c) IT CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH	QUENCE OF QUENCE OF TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ NO } \text{ }
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MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 218. INJURY OCCURRED	DUE TO, OR AS A CONSE (c) IT CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH DEATH NER) 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	QUENCE OF QUENCE OF TO DEATH BUT NOT RELATED TO THE TE IICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	RMINAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18. PART 1 OR PART 2)
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	gove rise to immediate cause ia), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (## EITHER, NOTHEY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE AT WORK NOT WHITE AT WORD	DUE TO, OR AS A CONSE (c) IT CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 19b. CONDITION FOR WH DEATH NER) 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	QUENCE OF QUENCE OF TO DEATH BUT NOT RELATED TO THE TE IICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET OM 9.23., and that in (my (QU)) opini	RMINAL DISEASE OR CON 20a AUTOPSY? YES NO URRED (ENTER NATURE OF INJU CITY OR TO an death occurred an the di	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and e should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

in by the funeral director, page 3 in that within 72 hours after death

24 hours after death. Page 4 may be

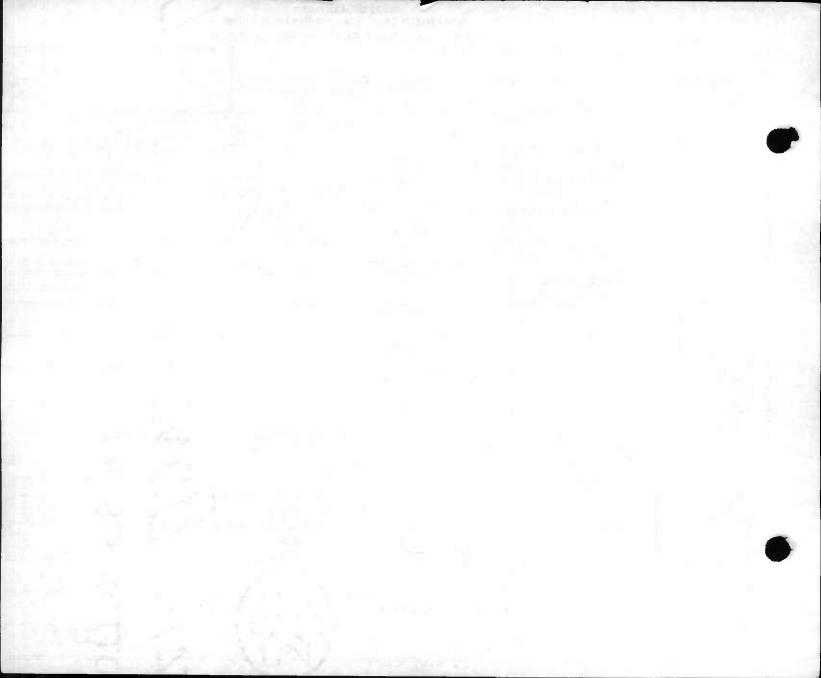
250. DATE REC'D. BY REGISTRAR 250 ASGISTRAR'S SIGNATURE
DEC 1 3 1982 San & Can

Michael Language College The design of the second second The country of the co

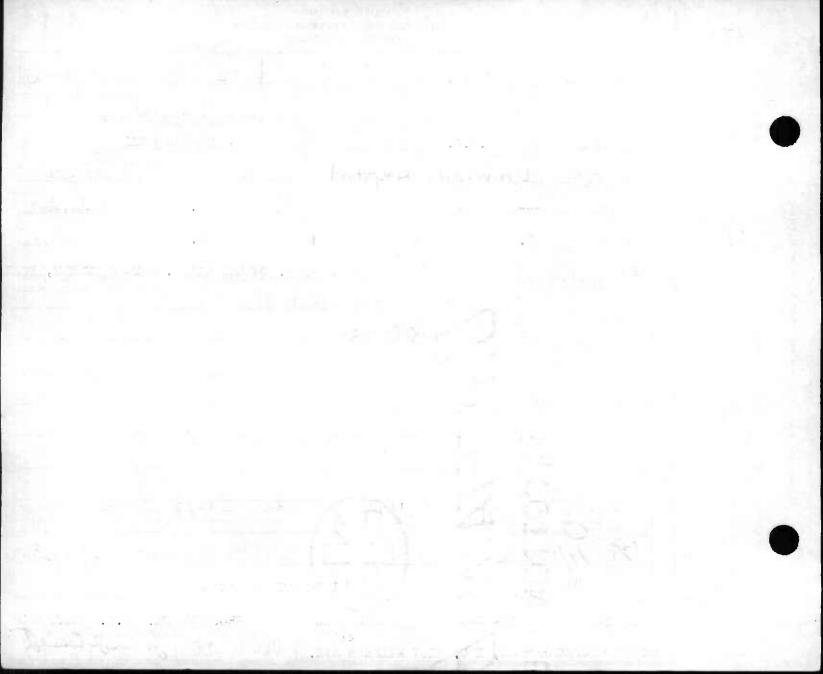
20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE		MED	ICALI	EXAMIN	ER'S C	ERTIFICAT	TE OF DE	ATH	REG. NO.	C 4	-
	EASED NAM	E FIRST		WIDDLE			AST		2a. DATE KN	HTHOM X HONTH	DAY YEAR	2b F
(TYP)	E OR PRINT)	FLOY	D			CC	LES		DEATH M	ATED 12	9 1983	
SEX		4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE,	ARS IF UNI	DER TYR. IF U	NDER 24 HRS.	20 DATE	HINOW	DAY YEAR	R 2d 3:
M	ale	Black	6 20	33	50 YF		DAYS HO	JRS MIN	DEAD	12	9 19 83	
81	RTHPLACE (S		76. CITIZEN OF WH	AT COUN	TRY?	8. MARRIE	D NEVER	MARRIED X	9. BALTIMOR	ECITY OR COUN	TY OF DEATH	
	Virgi	nia	U.S.	Α.		WIDOWI		VORCED [Balt	imore Ci	ty	
	TY OR TOWN								ION (TYPE OF WORK	12b KIND OF E		
	Balti	more	1416 E.			St.			most of troucht	3 (11 ()		
SUA 3a. S		(IF IN NURSING HOME C	R OTHER INSTITUTION, GIV					EET ADDRESS				
	aryla:							0 10		tland A	venue	21
4 FA	THER'S NAM	E	MIDDIE	MIDDLE EAST				MAIDEN NAM	MIDD	E	EAST	
	Josha		model	C	oles			zabeth	1		Gabbin	S
6a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOC	CIAL SECURIT	Y NO.	17. INFORMAN			ADDRESS		
/	NO	(11 163, 6146	The second	224	-36-5	217	Jerry	Coles	1018	Rutlan	d Aven	ue
		OF DEATH (Enter on	ly one couse per line	lar (o), (b)), ond (c).)						APPROXIMA BETWEEN ON	
NOI			CONTRIBUTING TO DEATH 0									
ICAT	19a DATE O	FOPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED	?			20 AUTOPS	
RTIF	AL EVTERNI	AL CAUSE WAS	21b. TIME OF	INTUINV		21, 40	NAV INTUINING OC	CLIDDED -CAITED	MATURE OF BUILDING	IN ITEM 18 PART I OR P	YES 🗆	N
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUT	G OR	HOUR A.M.	MONTH	19	?		CORKED (ENIER	INATURE OF INJURY	IN THEM TO PART TORP	nn i e j	
MED	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE [AT WORK	21e PLACE C STREET, FACT				TATION (REET		CITY OR TOWN	Çı	OUNTY	
	220 I cert death resul ACTUAL SIGNATURE EXAMINER'S	ify that I took chargeted from: Natu	ge of the remains described and causes X. M. Dixon.	Accident		Autops	Homicide TITLE (SPEC	tant MEI	Inquiry Contermined mann	DATE	12-1	
230 B	(TYPE OR PR				NAME OF CE	METERY OI	RCREMATORY	23d. L	OCATION			
(:	BURIA	L	1.2/14/8	3 E	astvi	ew M	em, Pk	. B'	al't'imo	re, °°	Md Md	STATE
	UNERAL DIRE		ADDRESS	101	E M.	4. 1. A			Y REGISTRAR	REGISTRAR'S	SIGNATURE	
W	m C M	Arch F/	H Inc. ADDRESS	101	E Nor	tn A	venuge	6 1 4	1303	mon	- Comment	



		STATE REGISTRAR		EPARTMENT OF HEALTH AN CERTIFICATE O		REG. NO		
		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH N	AONTH DAY YEAR	2b. HOU
		WILLL	M. H.T.	CONLEY		12	2 83 .	26!
3	. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR	IF UNDER
- 1		MALE	WHITE	04 23	12	71	YRS.	
20		RTHPLACE (STATE OR FOREIGN QUINTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIED DE NEVE	RMARRIED -	9 BALTIMORE CITY OR	COUNTY OF DEATH	
2		MARYLAND	U.S.A.	WIDOWED	DIVORCED	BALTIMOR	E CITY	
10	0. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER I	NOITUTION	120 USUAL OCCUPATIO		BUSINE
38		BALTIMORE	Universit	v Hospital		BRAKEMAN	RAIL	ROAD
20	JSU A 13a. S	L RESIDENCE (IF NURSING HOME TATE 136 CC	OR OTHER INSTITUTION, GIVE RESIDEN	CE PEPORE ADMISSION) OR TOWN 134, INSID	ECITY LIMITS?	13. STREET ADDRESS	4	
00	M	RYJAND		IMORE YES T	NO 🗆	1831 W. LO	OMBARD STREET	Γ,21
0	4. FA	THER'S NAME FIRST	WIDDIE	IS. MOTHI	ER'S MAIDEN NA	ME	1241	
200		WALTER	S. CON	LEY	BINNIE	T.	BROW	N,
1		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO. 17. INFOR	MANT	ADDRES	SS	
1	١,,	NO		-01-7903 WILL	IAM F. C	CONLEY 411 S	. PAYSON STRI	EET,
		18. CAUSE OF DEATH (Enter	only one couse per line far (a),	, (b), and (c))			APPROXIM BETWEEN ON	ATE INTE
		PART I. DEATH WAS CAL	IATE CAUSE (a) Re	spiratory ar	rest			
	-	1627	DUE TO, OR AS A COM	0				
		Canditions, if any, which	(b) h	ung Cancer				
		gave rise to immediate		/)				
5		couse (a), stating the	DUE TO OR AS A COM	NSEQUENCE OF				
		couse (a), stoting the underlying couse last.	DUE TO, OR AS A COM	NSEQUENCE OF				
		underlying couse last.	(c)	NSEQUENCE OF	TED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 110	
	NOI	underlying couse last.	((c) IT CONDITIONS <u>CONTRIBUTIN</u>		TED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART LIG	
	CATION	underlying couse last. PART 2. OTHER SIGNIFICAN	(c) IT CONDITIONS CONTRIBUTION MIQ			MINAL DISEASE OR COND	20b. IF YES, WERE FINDING	
2	RTIFICATION	PART 2. OTHER SIGNIFICAN POLICASCE 19a DATE OF OPERATION	IT CONDITIONS CONTRIBUTION M 100 196. CONDITION FOR	NG TO DEATH BUT NOT RELATED WHICH OPERATION WAS PER	RFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES []	OF DEAT
	CERTIFICATION	PART 2. OTHER SIGNIFICAN POLIC CASC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	IT CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY	NG TO DEATH BUT NOT RELATION WAS PER	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES []	OF DEA
		PART 2. OTHER SIGNIFICAN POLICASCE 19a DATE OF OPERATION	IT CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION WAS PER TH DAY YEAR 19	RFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES []	
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certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
1		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MO	ONTH DAY	YEAR	2h HOU	JR .
1	(117)	Wil	liam	7.	(0	onley	Dec. 14,	198			М
1	3. SEX		1 RACE	1 -	5. DATE C	E. 3, DAY 1906 EAR	6. AGE (IN YEARS LAST BIRTHD		DER I YEAR	HOURS	MIN.
		Male	Whi			.), 1700	//	YRS.	5 4 7 11		
	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR	more.	C; +,	,	
4		Maryland TY OR TOWN OF DEATH	U.)	HOSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	12a. USUAL OCCUPATION		b. KIND O	F RUSINI	MD.
L	To Ci	Baltimore		H FACILITY, GIVE STREET	ADDRESS)		Ret Statio	ORKING LIFE) IN	Engir		
	13g. S	L RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 7	IP CODE .	e.Ba	1214 Ltv./	nd.
2	14. FA	THER'S NAME FIRST Unknown	MIDDLE	Conle	ey	15. MOTHER'S MAIDEN NA Margare	MIDDLE	Mu	rphy	iT .	
		(AS DECEASED EVER IN U.S. A ES, NO OPIUNKNOWN) (IF YES, G	RMED FORCES?	215-03-0		Mrs. Regina	Jenkins, Same		ove		
		PART I. DEATH WAS CAUSE PART I. DEATH WAS CAUSE Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	4 cut	no selutie	hent disen	-		mate inte onset and 7 / aw	/
	NO	PART 2. OTHER SIGNIFICANT		cummotion			ainal disease or condi	ION GIVEN IN	J PART 110	a	
1	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WE IN CERTIFYING YES []			TH?
		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTSFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	NITEM TE PART I	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY		STATE
		22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did a 22b. SIGNATURE	n /2	-110/ 19_	83,0	nd that in (my) (our) opinion DEGREE	deoth occurred on the dote				oted
		3	7-		i a		MEDICAL STAFF DIRECTOR PHYSICIA	N 🗆	121	1171	83
		MARION F	RIEDMA	N M.D.		22e. ADDRESS 5211		1 RI			
		SURIAL, CREMATION, REMOVA				Panh Cometen	23d. LOCATION CITY OR TOWN Balf FIRMINA	ca	uniy d	and	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

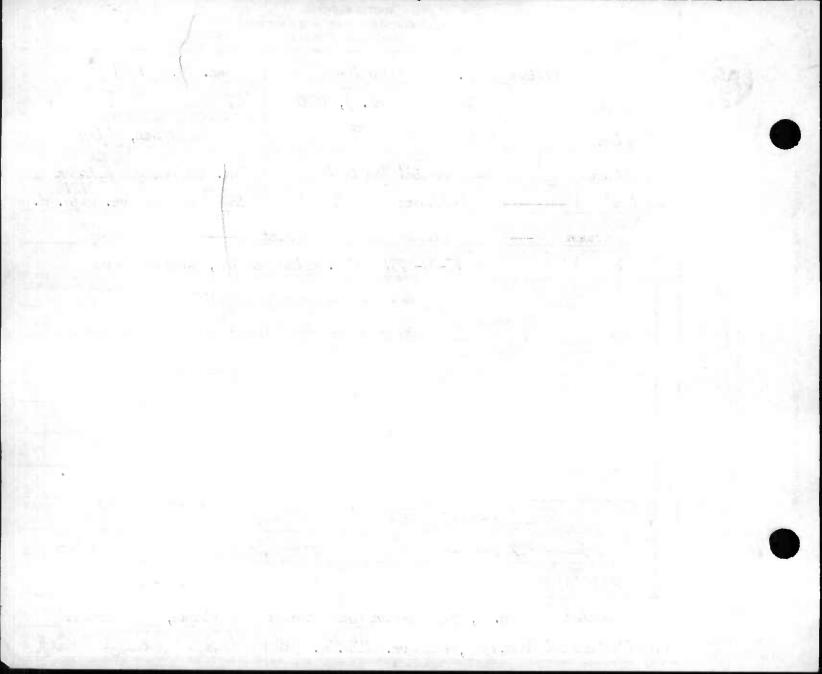
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral associated for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medico

with the Store University of American or Item 18 shows only in The ORTANT: If Item 21 is marked or Item 18 shows only in the ORTAN or Item 21 is marked or Item 18 shows only in the ORTAN or Item 21 is marked or Item 18 shows only in the ORTAN or Item 21 is marked or Item 18 shows only in the ORTAN or Item 21 is marked or Item 21 is marked or Item 31 shows only in the ORTAN or Item 31 shows or

Loudon Park (emetery | 150 21230 | 250 DATE RECO. SAVE. Balto. Md. DEC 21 14 FUNERAL DIRECTOR
Mc Willy Funeral Home, 130E, Footh Ave. Balto. Ad.

0 1983 John & Court



		ub-
 2	11.	

neral director, page 3 in 72 hours after death

STATE OF MARYLAND

E	300	0	1
U	REG. NO.	0	46

	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 222 8	73
		CEASED NAME FIRST	HILLIP P.		NELL.	20. DATE OF DEATH MONTH	S 83 4 55 M
	3. SEX	Κ	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	1	Male	White	Jan.	40 4000	86 yrs.	
8		RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNT	TRY? 8. MARRIEI WIDOWE	D NEVER MARRIED	Baltimore CITY <u>or</u> COUNTY	
4	io Ci	ty or town of DEATH Baltimore	11. NAME OF HOSPITAL, NU	URSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OTYPE OF WORK FOR MOST OF WORKING LIFE Warehouseman	126. KIND OF BUSINESS OR E) INDUSTRY
9	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU			YES 🛛 NO 🗌	13. STREET ADDRESS 112 Ridgewood	Rd. 21210
W	14. FA	THER'S NAME FIRST Patrick	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MCE MCE	Donnell
	[Y	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL S	SECURITY NO. 0 8844	Mrs. Marie	T. Larned,	Same
		PART I. DEATH WAS CAUS	only one couse per line for (o), (b LED BY: ATE CAUSE (o) DUE TO, OR AS A CONS (b)	ration	meumon bar palsi	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DECKS
		couse (a), stating the underlying couse last.	(0)	u cerel	ral infare	V	Years
	NOIL	F. 6 . 7	re heart to	ilure		inal disease or condition giv	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	'ART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC }	211_LOCATION STREET	CITY OR TOWN	COUNTY STATE
			pital) atended the deceased from 12-18 not) view the body after death.	A #	nd that in (my (ou) apinion of	death accurred on the date and hou	19_8.3_, that (I) (we) lost ond from the causes stated
1		TA Tou	and M	MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
1		22d PHYSICIAN'S NAME TYPE	OWNSEND	MD	UNION MEM	ORIAL HOSP 201	EUNIV PKWAY
		BURIAL, CREMATION, REMOVA	12 /21 /83		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY MD STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that

etained by the haspital ar attending physician.

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road

21212

Balto., MD

DEC 23 1982 Language Co

7-F2 CH4. II, III JUL. The state of the s Herendown years Inches pages was Army of the Basis of the ward of . GS ince & unine U . W. yana 4 4505 York Ford Balto., ND 21218 injury, ar ather traumatic event, 🖽

MPORTANT: If Hem 21 is marked

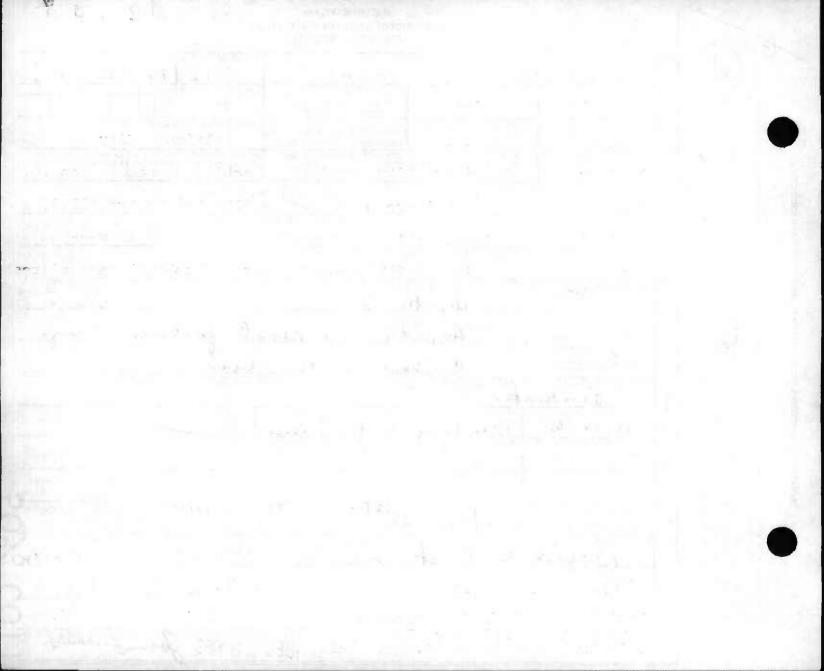
BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

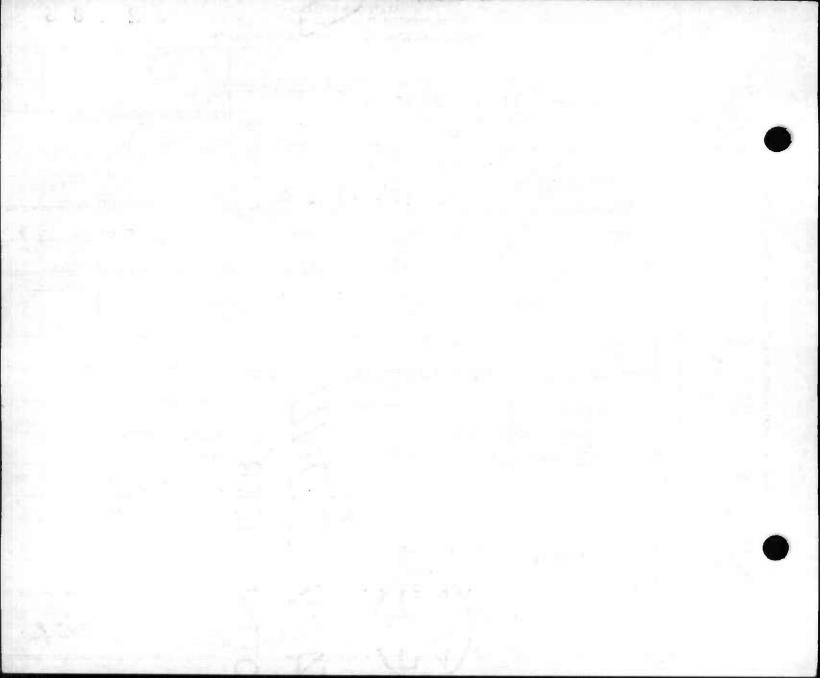
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENT		ENE	REG. NO	o.	Guip & A	- /	
		CEASED NAME	FIRST	N	AIDDLE	L	AST		20 DATE OF D	EATH	MONTH	DAY YEAR	26 HOU	
	(TYPE	OR PRINT)	Estell	0 17	Rita	Co	nrad			12.	26	83	10	10 M
	3. SEX			ACE	XILCa	5. DATE O			6. AGE IN YEA	RS LAST BIRT	HDAY)	IF UNDER 1 YEA	R IF UNDER	
	1	Female		Whi	ite	Ma	y 6°191	Ö ^{AR}	73		YRS.	MONTHS DAY	HOURS	MIN.
Ĺ		RTHPLACE (STATE OR FO	OREIGN 76. C	ITIZEN OF V	WHAT COUNT	RY? 8.	NEVER MARR	IED 🗆	9. BALTIMORE	E CITY O	R COUNT	Y OF DEATH		
9		Penna.		U.S	5.A.	WIDOWE			Ba.	ltim	ore	City		MD.
7	10. CI	ITY OR TOWN OF DEAT			OSPITAL, NU		R OTHER INSTITUT	ION	120. USUAL OC			126. KIND	OF BUSINE	SSOR
	-	Baltimore	2	Balt	imore	city	Hospita	1	Machin				Can (Co.
5	13a. S	AL RESIDENCE (IF NURSING STATE Md.	13b COUNTY	RINSTITUTION	Balti	TOWN	13d. INSIDE CITY LI YES NO		13. STREET AD 5176		ght	Ave.	2120	5
	14. FA	ATHER'S NAME	MIDDI		LAST		15. MOTHER'S MAI	DEN NAM		WIDDLE			AST	
Ø		Willia			halow	rski	Agne	S		MIDDLE			vak	
1		VAS DECEASED EVER I	N U.S. ARMED	FORCES?		SECURITY NO.	17. INFORMANT	5		ADDRE	SS	110	yan	
	(,	YES, NO OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)	189-0	5-6971	Leonar	d Co	nrad	(hus	band			dress
5	CERTIFICATION	Canditions, if any, gave rise to immicause (a), stating underlying cause	which ediate at the last.	DUE TO, OR (b) DUE TO, OR (c) DITIONS CC	R AS ACONSE R AS ACONSE DOTRIBUTING	EQUENCE OF TO DEATH BUT	oral land to the Norrelated to the Was performed the well		200 AUTOP		20b. IF YE	e 7	INGS USED	9
1		210. ACCIDENT WAS UNDE	AUSE OF DEATH		M. MONTH		21c. HOW INJURY	OCCURR	ED (ENTER NATU	RE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRICAL WHILE NOT WHILE AT WORK	ED	P.A 21e. PLACE C (AT HOME, STR		FICE, FARM, ETC.)	211. LOCATION STREET			CITY OR TO	WN	COUNTY	S	TATE
		220.1 certify that (I) (saw the deceased abave, (I) (we) (di 22b. SIGNATURE	d alive on	12	124	19 <u>85</u> , an	od that in (my) (our)	93 opinian d	eath occurred	an the do	ite and ha		, that (I) (vecauses sta	
-		224. PHYSICIAN'S NA	viel	w.	Cris	f m	ATTEN	IDING ICIAN [MEDICAL DIRECTOR	STAF PHYSIC		fr fr	-1261	83
		DAVI		. Cri			John		topke	us	A	sput	al	
	{	BURIAL, CREMATION, R		12/29	9/83	Garden	emetery or crem is of Fa		23d LOCAT	l'Eim	ore	COUNTY	Md.s	TATE
	24. F1	3331 Bre					21213	DEC DEC	2 8 198		A REGIS	TRAR'S SIGN	TURELS	



20M 4/82

STATE OF MARYLAND



	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2 2 8 6
LACK!	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
-	- (TIP)		GARET	COOK.	12	11 83 2.021
IN	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
All		-	Caucasian	MONTH DAY YEAR	80 YRS.	MONTHS DAYS HOURS MIN.
40	7a. B	RTHPLACE (STATE OF FOREIGN		* MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNT	TY OF DEATH
8//		New Jersey	U.S.	WIDOWED DIVORCED	Balto. Cit	y MD.
Pal le	10 C	ITY OR TOWN OF DEATH	LIE NOT IN SUCH FACILITY GIVE STREE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
40		Balto.	Good Samarit	an Hosp.	Librarian	Balto. City
35			ME OR OTHER INSTITUTION GIVE RESIDENCE BEFO OUNTY 13c CITY OR TOV Balto.		13e. STREET ADDRESS 5632C Woodmo	unt Ave. 2123
200	14. E/	THER'S NAME Daniel	L. Cook	IS MOTHER'S MAIDEN N	AME	rrison
medical		VAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SEC S. GIVE WAR OR DATES) 219 26 5			Court St.
3		NO	219 260	Mrs. Alice	C. Bennett New	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	e DUE TO, OR AS A CONSEOL	lateral Myrcandial	illanction.	
Mack.	NO	PART 2 OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED OFFICE OF DEATH? YES NO
19		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MONTH	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART ORPART 2}
sed or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE
21 is ma		220 I certify that (I) (this h	naspital) attended the deceased fram, re an 12 / 11 / 3 19 19 19 19 19 19 19 19 19 19 19 19 19	19/8/83., 19 93 9.3., and that in (my) (aur) apinio		, 19 8 , that (I) (we) last our and from the causes stated
£		22b. SIGNATURE	A STATE OF THE STA	DEGREE		22c DATE SIGNED
大		Joseph B. E	eddy	M D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/11/89
1	1	22d. PHYSICIAN'S NAME (1		22e ADDRESS	- 17 201	
5 /		JOSEBH B	. LEDDY	Good Sameri	in Horodal, Ballin	nore.

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

Anatomy Board

Remova1

12/11/83

23a. BURIAL, CREMATION, REMOVAL

Balto., Md.

23¢ NAME OF CEMETERY OR CREMATORY

DEC" 1 5 "198

23d LOCATION CITY OR TOWN

R'S SIONATURE

STATE

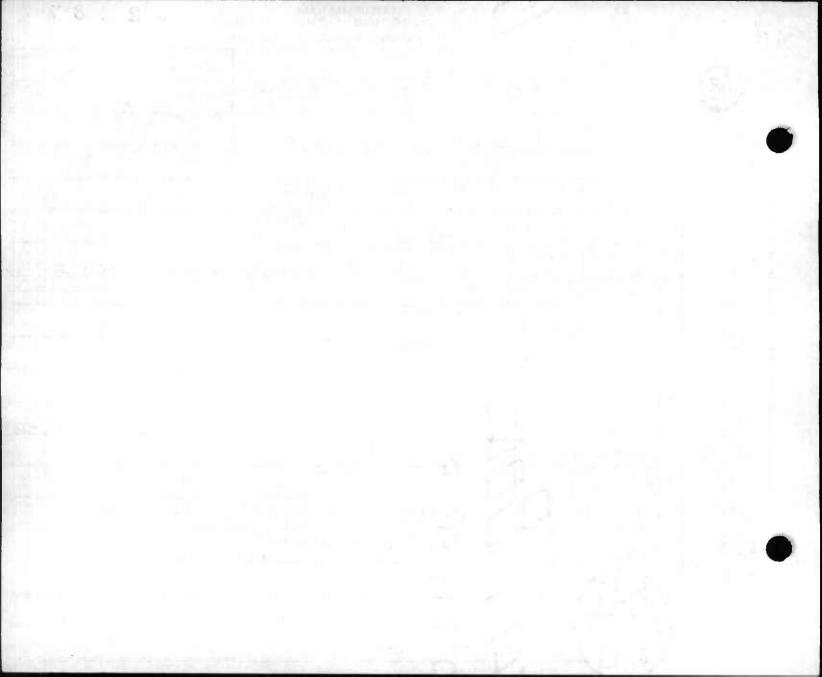
COUNTY

Element Constituent Constituen

William I have

Wm C March F/H Inc. 1101 E North Avenue JAN

DHMH - 17 (VR A15 ME (5)) 20M 4/B2



executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR				CERTIFIC	CATE OF DEATH		REG. NO			
DECEASED NAME	FIRST		MIDDLE	Į,	AST	2a. DATE	OF DEATH A	AONTH DAY	YEAR	2b. HOUR
TYPE OR PRINT)	ALVY			C00	PER		7 5	12/26/8		4:05P A
SEX	19.20	I. RACE		S. DATE O		6. AGE (II	N YEARS LAST BIRTH	MONI	HS DAYS	# UNDER 24 HRS. HOURS MIN.
Male		Wh	ite	*874	/10/98 YEAR	85	×	YRS		HOURS MIN.
Baltimor		b. CITIZEN OF	WHAT COUNTRY?	B. MARRIEI WIDOWE	NEVER MARRIED	D.		county of	DEATH	м
CITY OR TOWN OF	DEATH			*	OR OTHER INSTITUTION	-	LOCCUPATIO		7b. KIND C	F BUSINESS OF
Baltimor		(IF NOT IN SUC	own Home	ADDRESS)			ORK FOR MOST OF		NDUSTRY	
SUAL RESIDENCE (IF 1 30. STATE Md.	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltim	'N	13d INSIDE CITY LIMITS? YES [X NO [13e.STREE	Sain		St.	21202
FATHER'S NAME	^	HODLE	LAST		15. MOTHER'S MAIDEN N	AME	WIDDIE		EAS	1
a WAS DECEASED EN		AED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRES	SS		
Unknown	(IF YES, GIVE	WAR OR DATES)	220-54-	9701	Mrs Perle	808	Sain	t Paul	Str	eet
	iuse last.	(lc)	R AS A CONSEOUE		CAC. NOT RELATED TO THE TER	MINAL DISE	ASE OR COND	DITION GIVEN I	N PART 1	a
19a DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	206. IF YES, WI IN CERTIFYING YES		
21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OCC	CAUSE OF DEA	P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	21c. HOW INJURY OCCU	IRRED (ENTER	NATURE OF INJUR		OR PART 2)	STATE
ANALITE NO	T WHILE WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F		STREET			VI-1	2.0	31810
saw the dec above, (1) (w		12,	deceased from	83, ar	nd that in (my) (our) apinio	n death accu	12/26 rred on the do	te and hour an		that (I) (we) lo causes stated
226. SIGNATURE	e) (did) (did nat	view the bady	alter death.		D. C.				00	CICNIED
	e) (did) (did nat	ittye	alter death.	-	DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	NL STAF DR PHYSIC		22c DATE	SIGNED
22d. PHYSICIAN	e) (did) (did nat	rttye	JE G	-	ATTENDING PHYSICIAN	DIRECTO	OR PHYSIC			
22d. PHYSICIAN'	S NAME (14PE OF	rttye	18 E E 13c.1	NAME OF C	ATTENDING PHYSICIAN	DIRECTO	OR PHYSIC	1NG		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician injury, ar ather traumatic event, the

MPORTANT: If Item 21 is marked ariltem 18 shaws any

24. FUNERAL DIRECTOR

FOR - STATE

C March F/H Inc, 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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infrience discount from fac.

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

ta tarees pulturas Hergelet. 2167 11 Helizophie 2012 217-20 to Majoon acque To Referre Re

certificate be executed within 24 hours after death. Page 4

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

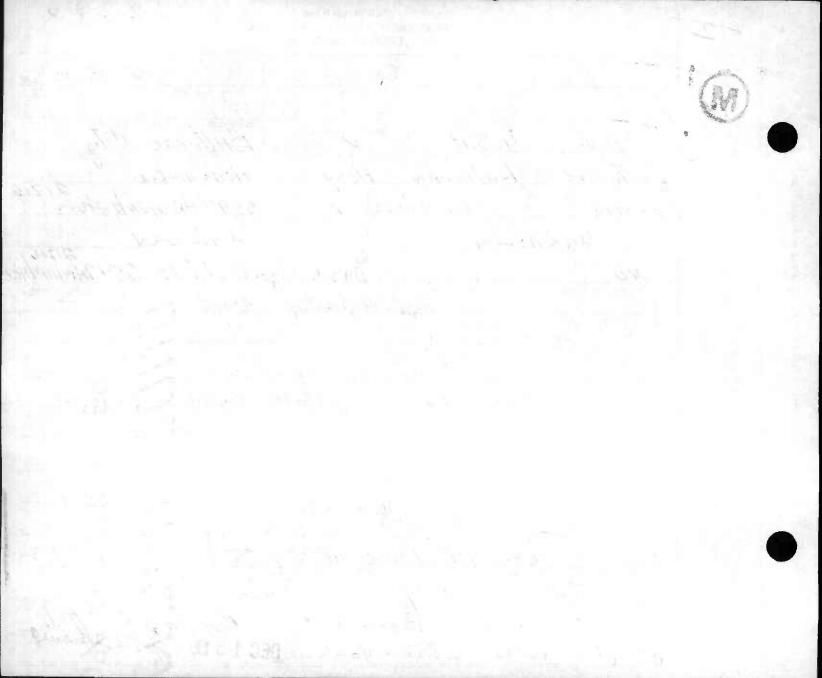
REG.	NO.

	-44	REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.		
. 1		CEASED NAME FIRST	MIDDLE	(.	AST	20. DATE OF DEATH		YEAR	26 HOUR
3	{TYPE	OR PRINT)		CAS	nich		12 05	87	1040
3	2.055	China				A ACE ANAMANA		OCO L VICTO	70 DM
	3 SEX	1)	1 RACE	S. DATE C		6 AGE (IN YEARS LAST	MON!	HS DAIS	HOURS MIN.
2	1	Flinale	Black	12	25 97	85	YRS.		
125		RTHPLA	Th CITIZEN OF WHAT CO	DUNTRY? 8	n	9 BALTIMORE CUTY	OR COUNTY OF	DEATH	
90		OUNTRY) md	1,5,7		DIVORCED T		ince 1	1:1.	
4	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE		12a USUAL OCCUP	ATION I	25 KINGO	F BUSINESS OR
11/	10.01	2 11	(IF NOT IN SUCH PAGILITY,		. /	(TYPE OF WORK FOR MOS		NDUSTRY	F BUSINESS OR
14	1	Allimore	Lulher	CAN 1	405P	Homen	DA KEK		
26	USU/	I. RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDE	OR TOWN	13d. INSIDE CITY LIMITS?	112. STREET ADDRES	99	/	21216
92	m	anyland 1	161	Mimore	YES NO T	13e STREET ADDRES	To walnu	6 12	10.
5	I FA	THER'S NAME	15/14	11111000	15. MOTHER'S MAIDEN N	JAME	CUIVAI	110	76,
dell			MIDDLE	LAST	FIRST	7 MIDNE		LAS	T
110		UNKI	10WN			YNC	noun		
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOC	TAL SECURITY NO.	17, INFORMANT	ADD	RESS		212161
	{1	ALL)	E WAR ON DATES!		mrs Filoli	MAINEShi	0/1/2 2	547	annoha
		LI CAUSE OF DEATH S		1 1 1	1111 3	1100011	CIUS OC	APPROXI	MATE INTERVAL DNSET AND DEATH
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	(52 and (c).)	a headan	21114	The state of the s	BETWEEN	ONSET AND DEATH
		IMMEDIAT	E CAUSE (a)	caraco	egmaing	arren			
		4148	DUE TO, OR AS A CO	ONSEQUENCE OF	0				
		Canditions, if any, which	((b)				15 74		
- 1		gave rise to immediate cause (a), stating the)						
		underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF			4		
			(c)						
٠	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	INDITION GIVEN I	N PART 114	
	0		malecenter	er,	purhabl	e negota		where	
-	CA	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI		
17	CERTIFICATION					YES TI NOTE		CAUSES	NO T
17.4	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I	OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	110	NTH DAY YEAR					
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
	WEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	<	AT WORK NOT WHILE					_	000	
		22a. I certify that (1) (this hospi	tal) ottensed the decease		ilmber 2/9	3 to / Kli	5 19_	0 2	that (1) (we) last
		saw the deceased alive on		19 8 3 ar	d that in (my) (aur) apinio	on death accurred an the	date and haur and	d fram the	causes stated
31		abave, (1) (we) (did) (thid so 22b. SIGNATURE	i) view the body ofter dea		DEGREE			27r DATE	
		TES. SIGNATORE	house no	12.00	MI ATTENDING	MEDICAL S	TAFF	12	1-102
1		7	orghir In.	reug	PHYSICIAN			16	13/87
1		274 PHYSICIAN'S NAME (1196)	ementy 1	1111	The ADDRESS		1 4 1		/
		JOSET	H M. K	67/14	- Au	Hill & in &	metal	1	
-	23n B	URIAL, CREMATION REMOVAL	TIIB DATE	1230 NAME OF C	EMETERY OR CREMATOR	236 LOCATION	4_	1	
		SPECIFY)	12/11/62	12 00	nat	Barry	Time D	MINTY (mi
	24 51	INERAL DIRECTOR	11/1/83	10 acc	4 //	ATE DE CO	11/10	1	6/01
	24 PL	NAME NAME	2	ADDRESS	250. 0	ATE REC'D. BY REGISTRA	3 Salu	300	much
	1	Confor C.	2	13701	Joun are	TEO TO 190	0		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the altending physician and completely alled in by the funding should be detached for use as the buriol-transit permit. Then please cemove carbonopeer, leages I and 2 should be find a ministration, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

[MPORTAN]: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical event marked extraording.



may be

nding physician and campletely filled in by the funeral director, page carbanpapers. Pages 1 and 2 shauld be filed within 72 hours after deat

FOR STATE BECISTRAD

Wm $\overset{\text{APPREL DIRECTOR}}{\text{C}}$ March F/H Inc, $110\overset{\text{ADDRESS}}{\text{E}}$, North Ave,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	la	17.40	1	- 1

DEC 1 4 1983 John & Coming

1		REGISTRAR		CERTIFICATE OF DEA	IH	REG. NO.		
^		CEASED NAME FIRST OR PRINT) GILBER	MIDDLE C	ORVISH	20. DATE OF I	PEATH MONTH	Z 83	24°45 pm
-	3. SEX	Vindle	Black	5. DATE OF BIRTH	31 52	RS LAST BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS
S	m	anyland	CITIZENOF WHAT COUNTRY?	WIDOWED DIVOR	RCED CIT	ECITY OR COUNT		MD.
7	B	eltmore	IT. NAME OF HOSPITAL, NURSIN	from Pack 3		CCUPATION FOR MOST OF WORKING I		F BUSINESS OR
	13a S	m)	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY	□ 2504	E. Pres	ston St	. 21213
1		Frank	Thax to	n Ger	trude	MIDDLE	Corni	sh
	160 W	YES	MED FORCES? 166 SOCIAL SECTION OF PARTY NAMED IN THE PARTY NAMED IN TH	0 5200	e Cornish	ADDRESS 2504 E.		on St.
		PART I. DEATH WAS CAUSED	CAUSE (b)	5-pulme	nary to	ulure	APPROXI BETWEEN C	MATE INTERVAL DISSET AND DEATH
	NOI		DUE TO, OR AS A CONSECUE (c) CONTRIBUTING TO	DEATH BUT NOT RELATED TO				
	CERTIFICATION	June (963	196. CONDITION FOR WHICH	THE COLOM		IN CERT	ES, WERE FINDIN IFYING CAUSES (ES	
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	AY YEAR 19 21f LOCATION	RY OCCURRED (ENTER NATI	CITY OR TOWN	COUNTY	STATE
The second second		22a.1 certify that (I) (this hospit sow the deceased alive on a place, (I) (we) (did) (did not		ATTE	n) opinion deoth occurred NDING MEDICAL SICIAN DIRECTOR	on the date and ha		that (I) (we) lost couses stated
		David)	.Holombe	220 ADD 955 9	Bolton	· Stee	et, Bo	deviore
		URIAL, CREMATION, REMOVAL	12/16/83 Ga	NAME OF CEMETERY OR CRE arrison Fore	st VA Owil		COUNTY	Md STATE

BP_____ DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

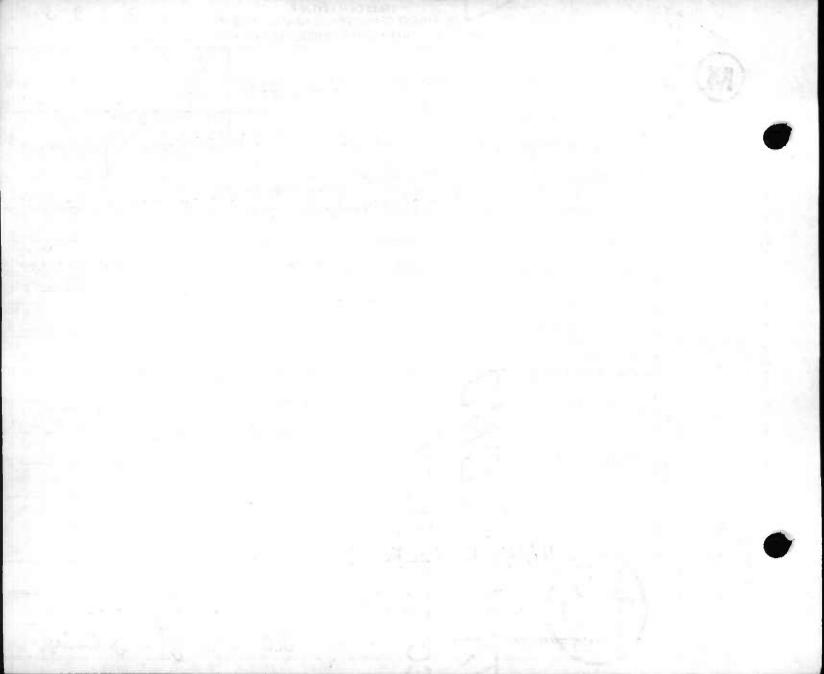
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept, of Health and Mental Hygiene prior to burial, crematian, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the m

ET SELECTION TO THE PROPERTY OF THE SELECTION OF THE SELE and the state of t CHILDREN AND PROBLEM The our filters ranged and the state of the the mark a second to the district of the distr per seguinari de la circi de l 1.007/5 But I all the Color of the Color of the DEG 1 4 1993 Free Course

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			EPARTME							REG. NO.	da da	7	3
19	1. DE	CEASED NAM	E FIRST		MIDDLE		L	AST			20. DATE K	M NOWN	MONTH	DAY YEAR	26. HOUR
	(TYP	PE OK PRINT)	SID	NEY		C	OTTM	AN,JF	١.		OF DEATH /	ESTI-	1.0	2 019	
	3. SEX	X	4. RACE	5. DATE OF BIRTH	6. A	GE (IN YEAR	s IF UND	ER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MONTH	2-813 DAY YEAR	2d. HOUF
100	M	ale	Black	12 16	16	66 YRS	Into into	DAYS	HOURS	MIN.	PRONOUNC DEAD	ED	12-	2-83	2:52
1	Ja. BI	IRTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY			D D NE	VER MARR	usp 🗆	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH	
5		arylar	d	U.S.	Α.	,	WIDOWE		DIVORC		Baltin	nore C	ity		MD
	10. CI	ITY OR TOWN	OF DEATH	11. NAME OF HOSE			OR OTHE	RINSTITU	TION		UAL OCCUPA		OF WORK 12	b KIND OF B	USINESS
0	В	ALTIMO	RE	100 B1k						FOR	MOST OF WORKII	NG LIFE)		OK INDUS	IKT
5	13a. S	al RESIDENCE TATE arylan	136 COUN	PROTHER INSTITUTION, GIVIN	13c. CITY OR		1	3d. INSIDE C	ITY LIMITS?		EET ADDRES	_			
_		ATHER'S NAME			Dait	THIOT		21	R'S MAIDI			leans	S SEI	reet_2	21231
00		FIRST	-	WIDDLE	LAST			F	RST	-	MID	DLE		LAST	
1	16a. V	WAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES?	166. SOCIAL	SECURITY I	NO.	7. INFORA	TAAN			ADDRESS		F	Ave.
4		Yes			220-	01-9	742	Winf	red	Cot	tman	5430	Park	Heig	hts
	NO	gove ri cause (a lying cau	ns, if ony, which se to immediate stating the under- use last.	(E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A (c) CONTRIBUTING TO DEATH B	AS A CONSEG	DUENCE OF									
2	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITI	ON FOR WHI	CH OPERAT	TION WA	S PERFOR	MED?					20 AUTOPSY	
7	ERT	21a EXTERNA	AL CAUSE WAS	INJURY		714 HOV	W IN II IPV	OCCUPPE	D FNITER	NATURE OF INJUR	OV 181 17544 10 0 a	DY 1 OB BAR?	YES 🗆	NO X	
3	EDICAL C	UNDERLYING	party.	HOUR A.M.	MONTH DA	Y YEAR		** 1143081	OCCORRE	D (ENTER)	NATURE OF HAJOR	THE TEM TO PA	KI I OK PAKI	2)	
	MEDI	21d INJURY C WHILE AT WORK	OCCURRED NOT WHILE AT WORK		F INJURY (A DRY, FARM, ETC.)	T HOME,	21f LOC	ATION REET			CITY OR TOWN	4	COUN	īΥ	STATE
2		death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	NAME Mare	arita A.K	Accident Corell.	Suice M.D.	Lan.	Homico	PECIFY) istar	Under	Inquiry [ermined mon ICAL EXAMIN	ner .	DATE SIGNED	12-2-8	3
	(5	BURIA		12/7/83		e of ceme risor		rest	Vet	era		ings			TATE
		uneral direc		Inc. ADDRESS	01 E	North	n Av	enue	DEC DEC	REC'D. BY	registrar 1983	John	RAR'S SIG	Shul	1

DHMH - 17 (VR A15 ME (5)) 20M 4/82



and completely filled in by the

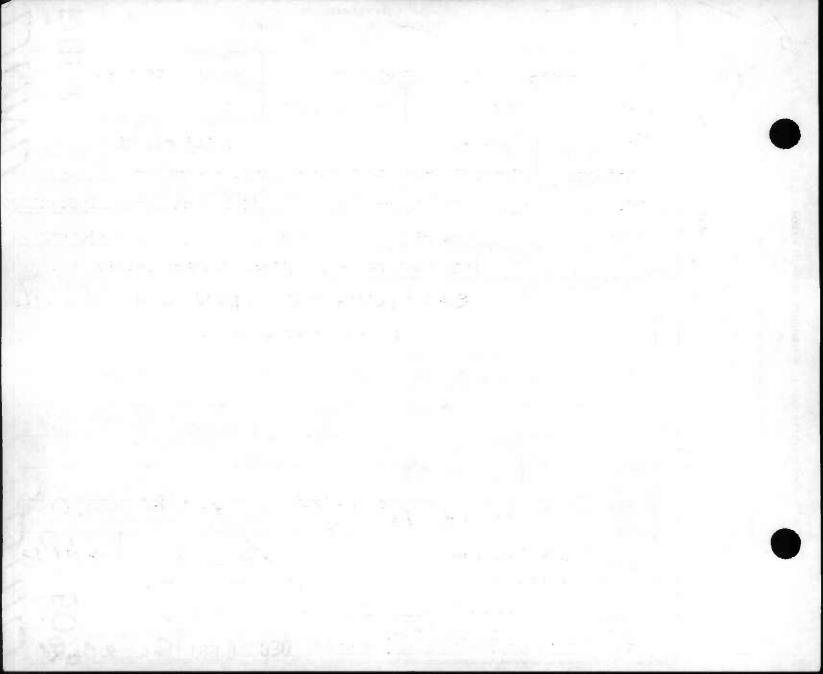
FOR DEPARTMENT OF HEAL REGISTRAR CERTIFICA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0 6 6 7

- 1				KEG. NO.							
1	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR					
	(TYPE OR PRINT) Marth	n a 7	Coulbourne	December	26 1983	3:45 MP					
1	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS					
1	Townsla	TuTh i b a	Jan. 15 1900	83	MONTHS DAYS	HOURS MIN.					
d	Female 70. BIRTHPLACE (STATE OR FOREIGN	White			YRS.						
V	COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH						
А	Md.	U.S.A.	WIDOWED DIVORCED	□ Baltimo	re City	MD.					
η	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		F BUSINESS OR					
4	Baltimore			Blvd. Homema		-					
ä	USUAL RESIDENCE (# NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION)								
	Md.		imore 13d. INSIDE CITY LIMITS	6401 Loch	Payon Blu	d. 2123					
=	14 FATHER'S NAME	- Dail	15. MOTHER'S MAIDEN		Raven biv	u. 2123					
d	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST	_					
G	John	Wasow			Lachajo	zyak					
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	ECURITY NO. 17 INFORMANT	ADDRESS							
	no		0-1069 Mary Nei	lson (dghtr)	BelAir,	Md.					
	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b),	and (c)	1	APPROXI	MATE INTERVAL					
	PART I. DEATH WAS CAUS	SED BY: PAR	PILIDNA DE	COLON	14	77					
1	IMMEDIA	ATE CAUSE (0)	CINOILA OF	COLON	7	month					
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (1b) LIVER METASTASIS										
	Conditions, if any, which gave rise to immediate										
	couse (a), stating the										
	underlying cause last.	underlying couse loss.									
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING										
ĭ	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDIN						
Ì	Ĕ			YES NOT	YES T	OF DEATH?					
d	21m. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN		140					
١	OR COLUMNIA COLOR		DAY YEAR	COMES (EMERATION OF 11-70M)	The state of the s						
	(IF EITHER, NOTIFY MEDICAL EXAMIN		19								
1	G CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	CITY OF TOWN	COUNTY	STATE					
1	AT WORK NOT WHILE AT WORK		1/52	. / /	0 -						
П	22m1 certify that (1) (this has	pital) attended the deceased from	m	to 9/7/	19	tho (il) (we) lost					
1		saw the deceased alive an 12/14/19 F3, and that in (my (aur) apinion death accurred/on the date and hour a above, (I) (we) (did) (did not) view the body after death.									
1	22h Signature	not) view the body offer death.	DEGREE		77k DATE S	SIGNED /					
		of a how	ATTENDING		100	heles					
Ц	224 PHYSICIAN'S NAME (TYPE	~		N M DIRECTOR PHYSICIAN	4	1-1/01					
		lix Tan	22e ADDRESS	O Designer 7:	. /	1					
	Dr. Fe.	LIX Idii	380	00 Erdman Av	e.						
	230. BURIAL, CREMATION, REMOVA		3. NAME OF CEMETERY OR CREMATO								
	Burial	12/29/83 G	ardens of Faith	Baltimor	e county	Md.					
	24 FUNERAMINEGIAN DEK]	Funeal Home.	Inc. 25a	DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATU	JRE					
	9705 Belain	r Rd., Balto.	Md. 21236	EC 2 8 1983	7.000	1					
-1	J. 00 -0101.			-U U U 1303 12	The the	CARLES A					

DHMH - 16 50M 4/83 (VRA 15, 4)



director, page 3 haurs ofter death

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.				
	CEASED NAME	BESS		NIDDLE	C	20120	20 DATE OF DEATH	MONTH 12	21	YEAR 83	0 · 3	
1 SE	EMAR	4.	RACE B/A	cK	5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	MONT	HS DAYS	IF UNDER	24 HRS MIN.
	COUNTRY) (STATE OF	9.	U	WHAT COUNTRY?	WIDOWE			MORE	E (ity		MD.
B	Altimor	E	(IF NOT IN SUC	ST. Ag	NES	R OTHER INSTITUTION	TYPE OF WORK FOR MOS	TOF WORKIN	G LIFE) I	76. KIND O NDUSTRY	F BUSINE	SS OR
13a. S	AL RESIDENCE (IF NUI	13b COUNT		GIVE RESIDENCE BEFORE 130. CITY OR TOW BAIT	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CO		E	RUE	
	LOUIS		DDLE	woods		P	ofth MIDDLE			LAS LAS	E	
	WAS DECEASED EVE YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	715 - 56 - 6	4033	MARY 5	on 65	S/	A			
	18. CAUSE OF DEA PART I. DEATH	TH (Enter only WAS CAUSED IMMEDIATE	BY:	tine for (a), (b), one CAR D	ORE	ESPIRATORY	1 ARRE	57		BETWEEN	MATE INTER	DEATH
	Conditions, if ony, which gove rise to immediate cause (a) stating the									6 days.		
CERTIFICATION	PART 2. OTHER SIGNATION OF THE PART 2. OTHER 2.	GNIFICANT CO	NDITIONS CO	1A, con	NGESTH BUT	NOT RELATED TO THE TERM TIVE HEART N WAS PERFORMED	YES, WE	N PART 110 ERE FINDING CAUSES	GS USED			
AL CERTIF	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)			M. MONTH DA	JRY MONTH DAY YEAR 19				YES [NO []
MEDICAL	71d. INJURY OCCURRED		71e PLACE	P.M. 19 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET		CHY OR TOWN COUNTY		COUNTY	SI	TATE
	270. I certify that (I) (this hospital) attended the deceased fram									120 DATE	SIGNED	/83
23a.	BURIAL, CREMATION	I, REMOVAL	10TRA 236. DATE	736 1	1 2/	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		7 /	BAC	, SI	TATE /
	UNERAL DIRECTOR AATNAM	L- HA	12/a	7,		ets Cem. 1 children ne	16 REC'D. BY REGISTRA	1	GISTRAR	SSIGNAL	,	A.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and is should be detached for use as the busial-transit permit. Then please remove carbon papers. Fagurant the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician.

SCHEN OF TRANSPORT ARMO RESPORTATION AND EST WELLS TONIS SHIP 30 AMOUNTAL METALTHELL TO LING BUCKETIAL MINING COMPOSITIVE HOURT FAILURE * Gauss Marche June 1644 Bendis Proposition DIA TORRY 925H 23HOUR TO

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or attending physician.

executed within 24 hours after death. Page 4 may be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
	CEASED NAME FIRST	Lee	CORNE	20 DATE OF DEATH	MONTH DAY YEAR	126-HOUR
3. SE	MALE	RACE	5. DATE OF BIRTH MONTH DAY YEAR 4	6. AGE (IN YEARS LAST BII	RIHDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
(COUNTRY) Ga.	CITIZEN OF WHAT COUNTRY? 1 SA 1. NAME OF HOSPITAL, NURSIT	B. MARRIED NEVER MARRIED WIDOWED DIVORCED ON OTHER INSTITUTION	9 BATTIMORE CITY OF A 1 T 1 1		ty DF JUSINESS
B	ALTIM BRE	PROVIDE THE INSTITUTION, GIVE RESIDENCE BEFOR	HOSPITA	(TYPE OF WORK FOR MOST		60
	STATE Md 136 COUNT	BG IT	YES NO IS. MOTHER'S MAIDEN	3505 Mi	Iford Ave.	
C	ATHER'S NAME FIRST MI	Tingle	V Fannie	WIDDLE	LA	
	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SECTION OF DATES	17. INFORMANT WILLE Cro	me 3505	Milford F	We ZIZ
NOIL			DEATH BUT NOT RELATED TO THE TE			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DAY YEAR	URRED (ENTER NATURE OF INJ	URY IN ITEM TS. PART T OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR T	OWN COUNTY	STAI
,	22a I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not)	12/25 19	3 , and that in (my) (aur) opin	ion death occurred on the o	date and hour and from the	
	22b. SIGNATURE	Sofrey	DEGREE MI DA. ATTENDING PHYSICIAN		AFF - / ^	125/2
	NI SHA	SOPREY	Provide	at Hosp	ta	
	BURIAL CREMATION, REMOVAL	12/31/83 V	Voolaun Cem	- Balto	Md. COUNTY	STAT
L		SOPREY	Provide Provide Name of CEMETERY OF CREMATOR Voodlawn Cem	RY 13 d. LOCATION BOILT OF BOILT OF	MO COUNTY R256 REGISTRAR'S SIGNA	

DHMH - 16 50M 4/83 (VRA 15, 4)

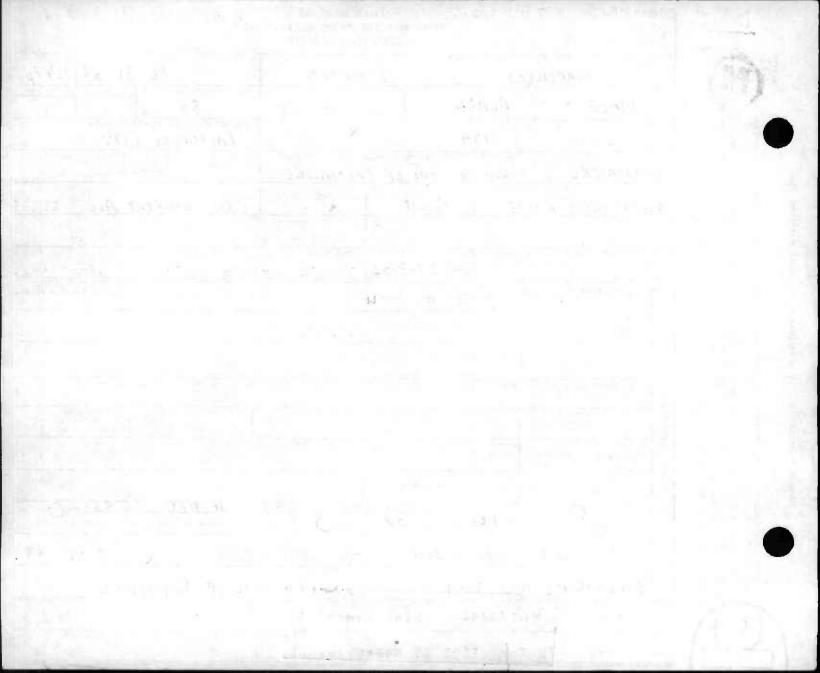
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CLIFT LEE CAANE 14 KO SE 1- SE MINE BLOW 3 4 RE S.F. THER = TREVIDENT HONDITAL Your Thomas Single Valent THE WALLS FOR SOME MADE AND THE PARTY CARRED TO MENT PRINTED 18/ EE EE 181 literal to the second and we we Burt will will be were for the Land o Dyett - Lee Liverry you for her large failed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fretained by the hospital or attending physician.

DHMH - 16 50M

BLACK	IDER 24 MRS
MARRIED NORGED BALTIMORE CITY N. Carolina USA MARRIED DAVORCED BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LEE) 134 USUAL OCCUPATION (THE OF WORK FOR MOST OF	
BALTIMORE SINDIA HOSPITAL OF BALTIMORE USUAL RESIDENCE (IF NURSING HOME ON CITE IN INSTITUTION) OF RESIDENCE BEFORE AMBISSION) 138-STATE USUAL RESIDENCE (IF NURSING HOME ON CITE IN INSTITUTION) OF RESIDENCE BEFORE AMBISSION) 138-STATE USUAL RESIDENCE (IF NURSING HOME ON CITE IN INSTITUTION) OF RESIDENCE BEFORE AMBISSION) 138-STATE USUAL RESIDENCE (IF NURSING HOME ON CITE IN INSTITUTION) OF RESIDENCE BEFORE AMBISSION) 138-STATE USUAL RESIDENCE (IF NURSING HOME ON CITE IN INSTITUTION) 139-STATE AMADE FIRST MODIE LAST THE PART IN IL S. ARMED FORCES? 148-SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 188-WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OF DATES) 245-07-2952, Bertina Crawford 5330 Beaufort NO 18 CAUSE OF DEATH IENter only one couse per line for Ioi, (b), and Ici. PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF CONGITION, Hidden Home did to couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OR CONTRIBUTING COUSES OF YES PART 2. OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 196-DATE OF OPERATION 196-CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OR CONTRIBUTING CAUSES OF YES 100-DATE OF OPERATION 196-CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OR CONTRIBUTING CAUSES OF YES 197-DATE OF OPERATION 198-CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2) 198-CONTRIBUTING CAUSES OF YES 199-CONTRIBUTING CAUSES OF YES 199-CONTRIBUTING CAUSES OF DEATH HOUR AMONT TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2) 199-CONTRIBUTION CAUSES OF THE THE TOP OF THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 TO PART 2) 199-CONTRIBUTION CAUSES OF THE THE TOP OF THE TERMINAL DISEASE OF CONDITION COUNTY IN THE TERMINAL DISEA	MD.
136. STATE 136. COUNTY 136. CITY OF TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. MOTHER'S MADE 137. MOTHER'S MADE 138. MOTHER'S MA	INESS OR
Ben Crawford Elizabeth Moore First Middle First Mid	21215
160: WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 245-07-2952, Bertina Crawford 5330 Beaufor 245-07-2952, 246-08-08-08-08-08-08-08-08-08-08-08-08-08-	
18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bronomo pne Limonia	Ave.
OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF CAU	
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY 216. INJURY OCCURRED 216. PLACE OF INJURY 217. LOCATION STREET CITY OR TOWN COUNTY	D [
WHIE NOTWHIE AT WORK AT WORK AT WORK	STATE
	() (we) last is stated
276. SIGNATURE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 31 DE	83
224 PHYSICIAN'S NAME (TYPE OR PRINT) MEENAKSH I MERCHANT 226. ADDRESS SINAI HOSPITAL OF BALTIMORE 230. BURIAL, CREMATION, REMOVAL 1236 DATE 1236. NAME OF CEMETERY OF CREMATORY 1236. LOCATION 1236. ADDRESS SINAI HOSPITAL OF BALTIMORE 1236. DATE 1236. NAME OF CEMETERY OF CREMATORY 1236. LOCATION	



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows

FOR STATE

STATE OF MARYLAND

orace or manifesture	1.3	2.7
ARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH		

REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE		AST .	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MAX	Ne C.	CRI	awford	12	15 83 750 MM
3 SEX	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Female	NEGRO	MONTH	- 4	33 YRS	
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED X	9 BALTIMORE CITY OR COUN	TY OF DEATH
Md	USA	WIDOWE		BAITIMERE	City MD.
Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE MASON F. LORD	1 ADDRESS)	BAITO CITURNOS ,	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURS 1997) 130. STATE MA	OTHER INSTITUTION GIVE RESIDENCE BEFO Baltimo	RE ADMISSION)	1	131 SIREEL ADDRESS 1634 Hakesle	ey Place 21213
Otis	Thorn	nton	Made ¹ ine	WIDDLE	Townes
(IF YES, C	10 of 11110 CD D 1 1551	URITY NO.	Doris Hayn	es 633 N. Ais	Apt 10B equith St
PART I. DEATH WAS CAUS	DUE TO, OR AS A GIONSEON	rati		f onia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I'M IMEDICATE 12 hours
couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	OYIC	Brainde	3 punts	
Z PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PARTIORPARTZ)
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	pital) attended the deceased from 19 19 10) view the body after death	83 , or	d that in (ny) our) opinion (to death occurred on the date and he	that (1) (ve) last our and from the causes stoted
22b. SIGNATURE	ELAM	\	DEGREE	MEDICAL STAFF	221. DATE SIGNED

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

BP.

TO HOSPITAL OR

etained by the hospital or attending physician ATTENDING

DHMH - 16 50M 1/81 (VRA 15, 4)

12/20/83 74 FUNERAL DIRECTOR
William C. March F/H 110 PDRESS. north Ave

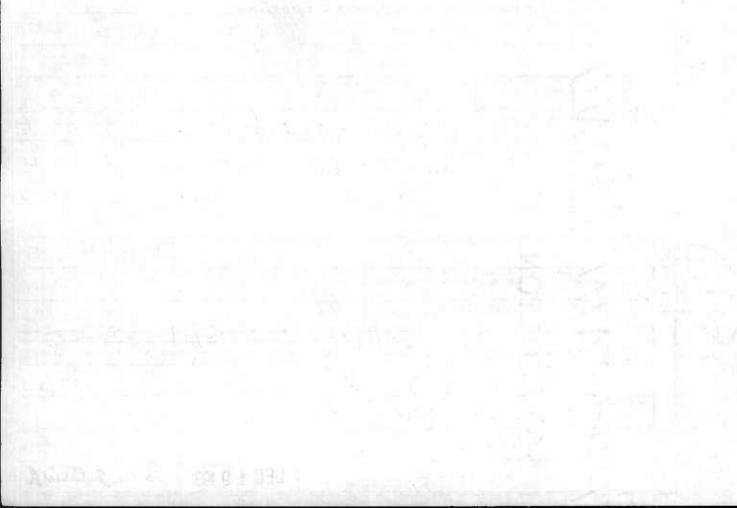
23b. DATE

230. BURIAL, CREMATION, REMOVAL Burial

23d LOCATION (Landsdown Zion Cemetery DEC 1 9 1983

Md SISTRAR'S SIGNATURE

COUNTY



TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal #

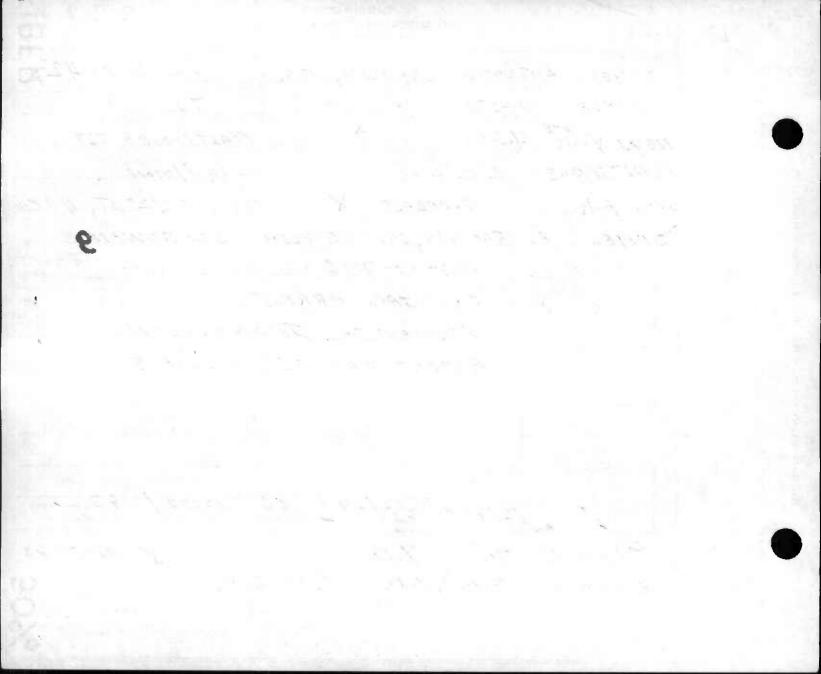
IMPORTANT: If Hem 21 is marked at Hem 18 shaw any injury, at other traumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

1		FOR	Di		E OF MARYLAND IEALTH AND MENTAL HY	GIENE O	3 2 2	9 9
	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. N	10.	
		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	2 - 70 - 23	11. HOUR
	3. SE)	9.7. /	PACE	CRAWL 5. DATE O		A AGE INVENTABLIAN II	0 -	3 7 m 5 M
	3. 367	MALE	WHITE	O 2	,	7:		HS HOURS MAN.
4		RTHPLACE (STATE OR FOREIGN E TOUNTRY)	b. CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	4
	N	EW VORK	4.5.A.	WIDOWE	D DNORCED		MORE C	174, MD
1	10 CI	RALTINORIS	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	OR OTHER INSTITUTION	THE OF WORL FOR MOST	NON STANDUST	
		AL RESIDENCE (IFMURSING HOME OR COTATE	THER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	1134 STREET ADDRESS	/ ZIP CODE 9	19440
1		ew Yorth		NDALE	YES NO	7707 6	2000 57	11385
1	IA FA	THER'S NAME FIRST M	IDDLE	AST	15. MOTHER'S MAIDEN N	AME		(ASI
0	JAn W	VAS DECEASED EVER IN U.S. ARM	AED FORCES? THE SOCI	K SPCURITY NO.	CECELTI	9 SCA	ROWAN	9
3		YES NO OR UNKNOWN [IF YES, GIVE	WAR OR DATES)	- 07- 6	21.1	onino E C	sasa	ame as 13
		18. CAUSE OF DEATH (Enter only		. (b), ond (c)	ros Laure	erine E. C		ROXIMATE INTERVAL EEN ONSET AND DEATH
4		PART I. DEATH WAS CAUSED	BY: CAUSE (D) CAN		ARRES	7		!
		4100	DUE TO, OR AS A CO	NSEOUENCE OF				
		Conditions, if ony, which gove rise to immediate	((b) My	OCARD	EAL IN	FARCT	ION	
		couse [0], stoting the underlying couse last.	DUE TO, OR AS A COL		201-0-5			Þ
			10		CLEROTI		MIC	-
	NO	PART 2 OTHER SIGNIFICANT CO	SUDITIONS CONTRIBUTIONS	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COR	NOTION GIVEN IN PAR	1 110
7	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FIN	
	TIF					YES NO	YES 🗍	NO 🗌
i		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART	2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	21f LOCATION			
	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		STREET	CITY OR TO	OWN COUNTY	STATE
		220.1 certify that (this hospital	/ 1 / 5 / 7 /	63/	29/198	5 to 12/3	0 / 19 83	, that (*(we) lost
		sow the deceased olive an above, (we) (did) (did)	,, /).		n death occurred on the c		
		27h SIGNATURE	011	MA	DEGREE ATTENDING	MEDICAL STA	AFF 12	ate signed
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	1.0	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	CIANIA	20082
		DONALD R	. BLACK	M.D.	S.B.	6. H.		C. C.
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 / 4 / 8 4		emetery or crematory	CITY OR TOWEN.	e Vilove	N.Y. STATE
	24. FU	UNERAL DIRECTOR			25a. D/	ATE REC'D. BY REGISTRAI		
	На	ardesty Funer	al Home 12	nn. Md.	y2.14-01 JAN	3 1984	John 9. C	will :

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or attending physician



TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the deoth certificate be executed within 24 haurs ofter death. Page 4 may by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	-	G.	0	

REGISTRAR					REG.	140.				
DECEASED NAME FIRST	MIDDL€	Ĺ	AST		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					IR
DOROT	HY	CI	REAMER	47. 3		12	17 8	33	51	P
SEX	4. RACE	5. DATE C			6. AGE (IN YEARS LAST	BRTHDAY)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS
FEMALE	WHITE	01	2 ⁷	10		73 YRS	MONTHS	DATS	HOURS	MIN
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER M	ARRIED -	9. BALTIMORE CITY	OR COUN	TY OF DEA	TH		
MARYLAND	U.S.A.	WIDOWE		ORCED	BALTI	MORE C	CITY	600		М
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INST	ITUTION	12a USUAL OCCUPA				BUSINE	ESS O
BALTIMORE		ERIDENE I	DR., AP	r. 401	TELEPHONE			OSPI	TAL	
UAL RESIDENCE (IF NURSING HOME O			113d. INSIDE CI	TY LIMITS?	13e.STREET ADDRES	TUK S / ZIP CO	DF		2123	39
MARYLAND -		TIMORE	YES 🔀	NO []	1700 MER			E, A	PT.	40
FATHER'S NAME	WIDDIE LA	AST		MAIDEN NAM	AE MIDDLE	23.41	-010	LAST		
JOHN		ULTHEIS		NNA			VAI		DRIC	CK
WAS DECEASED EVER IN U.S. AL	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMAL	NT	ADC	RESS		212	07	
NO		12-8414	LEVEN	IA M. C	ONNELLY 6	721 VA	LLEY	CRE	EK I	DR.
18 CAUSE OF DEATH (Enter o	aly one couse per line for (a),	(b), and (c).			0 0		de	APPROXIM	NATE INTER	PVAL
PART I. DEATH WAS CAUS	TE CAUSE (o) QC	uten	MAN	rdiel	charles	di	7	him	into	1
TANALE DIV	E CAUSE (U)		11		1					
14100	DUE TO OR AS A CON	ICECHIENICE OF	8							
Conditions, if ony, which	DUE TO, OR AS A CON	ISEQUENCE OF								
Conditions, if ony, which gove rise to immediate	(b)				-	WIE A				
	(2		
gove rise to immediate cause (a), stating the underlying cause last.	(b)	NSEQUENCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION G	GIVEN IN P	ART Ita		
gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT,	(b)	NSEQUENCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	endition G	GIVEN IN P	ART Ita) An
gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT,	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION THE CONTRIBUTION FOR V	NSEQUENCE OF	Previ	ons &	NAL DISEASE OR CO	Vent 1206. IF Y	ES, WERE	Lon	GS USER	
gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT, STUDIES	(b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION CONDITIONS CONTRIBUTION CONDITIONS CONTRIBUTION	NSEQUENCE OF	Previ	ons &	i. I. Lt	20b. IF Y IN CER	1 Da	Lon	GS USER	TH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

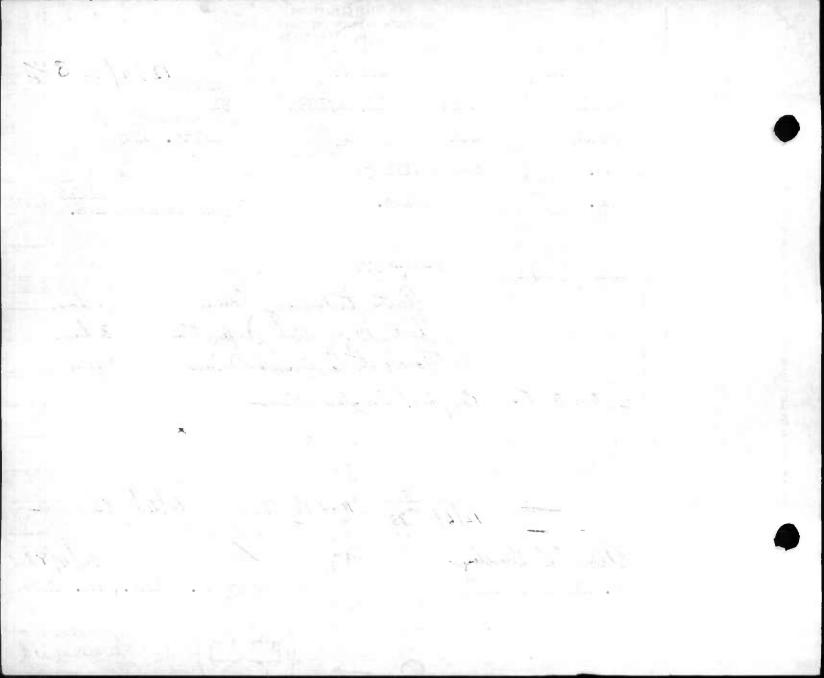
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7		REGISTRAR				CERTIF	FICALE OF DEATH	REG. N	NO.	
	1. DEC	CEASED NAME E OR PRINT)	FIRST		MIDDLE		MED.			26 HOUR
1	- 55		VA	1. 2.00		CRON			12/11/80	PA
	3. SE)	Female		4 RACE W	Mite		OF BIRTH 721/1891	6 AGE (IN YEARS LAST BIR	IRTHDAY) # UNDER I YEAR MONTHS DAYS YRS	
11	Ta. Bi	irthplace (State or Fo	DREIGN	76 CITIZEN OF	F WHAT COUNTRY?	MARRIE	IED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH City	
4	10. C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	WIDOWE NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION 126 KIND C	OF BUSINESS
10		Balto.		Ga.	irden Vil	Tlage	е	Housewi	OF WORKING LIFE) INDUSTRY	
3	13a. S	Md.	HIP COOL	PROTHER INSTITUTION INTY	13t. CITY OR TOWN Parkvil	N,N	13d INSIDE CITY LIMITS?		red Bridge Rd	1. 212
3	17	ATHER'S NAME FIRST Ulius		MIDDLE Fra	ankel LAST		15. MOTHER'S MAIDEN NA FIRST Henrietta	3 MIDDLE	Unknown	1ST
dico.		WAS DECEASED EVER YES, NO OR UNKNOWN)		RMED FORCES?			17 INFORMANT	ADDR		
E		N/A	N/		212-24-	-894	Theodore H.	. Cromer S	Same as # 13e	XIMATE INTERVAL
ony injury, or	CERTIFICATION	PART OTHER SIGN ALEXAN 19a. DATE OF OPERAT	this	tis. I	Perinherel	Vase	ON WAS PERFORMED	MINAL DISEASE OR CON	206. IF YES, WERE FINDIN	INGS USED
3	E E							YES NO	IN CERTIFYING CAUSES	S OF DEATH?
or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C IN EITHER, NOTIFY MEDICA 21d. INJURY OCCURR	CAUSE OF DEA	HOUR A. P. 21e. PLACE	A.M. MONTH DA P.M. E OF INJURY	19			JURY IN ITEM 18, PART 1 OR PART 2)	
morked	×	WHILE NOT WH AT WORK 220.1 certify that (1)	-		treet, FACTORY, OFFICE, FA		11/24/1981	city or to	2/11/88	state, that (I)
em Z1 15		sow the decease obove, (I) (we) (d 22b. SIGNA) URE	ed olive on	n	2/6/ 19 %		ond that in (my) (avr) opinion DEGREE	death accurred on the d	date and hour and from the	
MPORTANT: IF IF		22d. PHYSICIAN'S NA	AME ITYPE C	Bredle DR PRINT)	y		mo ATTENDING PHYSICIAN P	MEDICAL STA	AFF ICIAN [/2/	11/83
5 L		Dr. Alb	ert	Bradle	{y		4900 Bel	air Rd. P	Balto., Md.	2120
25	23a. 8	BURIAL, CREMATION, F	REMOVAL	23b. DATE	23c. N	AME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		remation		Dec. 1	14, 1983	West	view last Dr.	Baltimo		
	4 24. FT	UNERAL DIRECTOR					1/30JUA:	IN RECAD. BY REGISTRAP	2756 REGISTRAR'S SIESNIAT	LLIDE

DHMH-16 60M 1/73 (VRA 15(4))

Leonard J. Ruck, Inc. 5305 Harford Rd DEU 1 2 1983



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

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may be

death.

requires that the death certificate be executed within 24 hours after

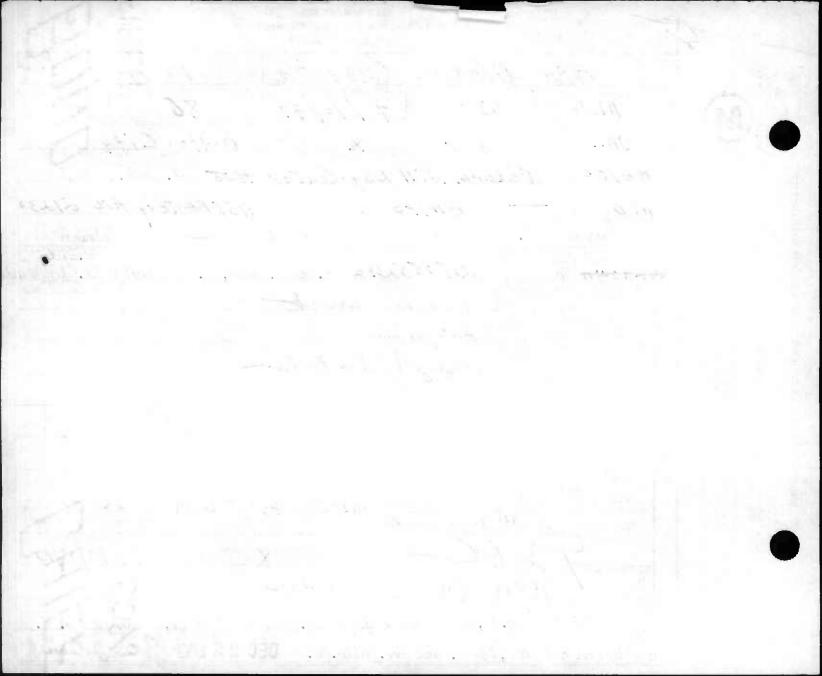
E STRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE	REG. I	3	2	3	0 2
NAME FIRS	MIDOLE	EAST	20 DATE (OF DEATH	MONTH	DAY	YEAR	26 HOUR

1.	- STATE REGISTRAR	CERT	IFICATE OF DEATH	REG, NO.	
	CEASED NAME FIRST	MARSHALL (ROWE, SR.	20 DATE OF DEATH MONTH	19 83 12 NO
3. SE	x Male	white 5. Date	OF BIRTH DAY YEAR OF 197	6 AGE (IN YEARS LAST BIRTHDAY) 88 YRS	
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? & MARR WIDOW	NEVER MARRIED DIVORCED	Baltimore City or Coun	TY OF DEATH
10. C	BA/fo	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Sq. Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HISTORY Ret. BE	11 C 1
USU. 130. S	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CO	DE ALL 211
14. FA	1	Tole (rowe	15. MOTHER'S MAIDEN NAM	MIDDLE	Unknown
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 16b. SOCIAL SECURITY NO.	9 A Mn Ang M.	nome. In 571 No.	Md.21061 Lview (+ Glen Bu
NO.	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) STATEMENT TO DEATH BUTTONS CONTRIBUTING TO DEATH BUTTONS	diverticulum UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	SIVEN IN PART 110
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	,R P	RED (ENTER NATURE OF INJURY IN ITEM 1)	B PARI OR PARI ?}
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	228.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not)	12/17/19/05		death occurred on the date and h	
	22h. SIGNATURE	-OC	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/19/B
	224. PHYSICIAN'S N	ONE OH	FHNH		(
	(SPECIFY) Burial	236. DATE 236. NAME OF Dec. 22, 1983 Meadow	The second secon	23d LOCATION CITY OR TOWN Elkridge.	Howard Co. Ml.
M	UNERAL DIRECTOR	4Dogess	230 250. DAT	ERCO, BY REGISTRAR 256, RECED 2 2 1983	

DHMH - 16 50M 4 (VRA 15, 4)

BP_

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



STATE OF FOR - STATE

Mildred

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

13c. CITY OR TOWN

166 SOCIAL SECURITY NO

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

ROSE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE 10

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY:

13b. COUNTY

MA EYL AND

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

... Carolina

ID. CITY OR TOWN OF DEATH

MARYCANS

(YES, NO OR UNKNOWN)

UNKNOWN

ISALTIMORE

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

	F HEALTH AND MENTAL HYG FIFICATE OF DEATH	REG. N	5	2 3	03
DI E	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ed C	ROWELL		12	/3 83	731 A M
5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
K	9 19 23	59	YRS.	MONTHS DATS	HOURS MIN.
AT COUNTRY? 8	RIED XNEVER MARRIED	9. BALTIMORE CITY	OR COUNT	OF DEATH	
A. WIDO		BA	LTIMO	RE CIT	Y MD.
CILITY, GIVE STREET ADDRESS)	Ceneral Hospital	12a USUAL OCCUPAT {TYPE OF WORK FOR MOST O	ION	12b. KIND C	F BUSINESS OR
ERESIDENCE BEFORE ADMISSION CITY OR TOWN BALTIMORE	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	AN ROA	TA-1/2122
LAST	15 MOTHER'S MAIDEN NA/	ME		LAS	1
SOCIAL SEGMENT	Lizzie			Geor	ge
SOCIAL SECURITY NO		ADDRI	155		
21250 1188	Frank Peri	y 612 E.	29th	Stree	t
for to 1, (b), and ici.	AC ARREST				MATE INTERVAL DNSET AND DEATH
FUNGATINE	TUMOR HEMOI	RAHAGE	Ш	Seu	enl days
Brees-	+ CARCINOME	7		46	ARS.
RIBUTING TO DEATH	UT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	,
N FOR WHICH OPERA	ION WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
		YES NO	YE		NO 🗌
JURY MONTH DAY YEA 1		ED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)	
INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
. 17	ond that in (my) (our) opinion o	to December	/3 ote and hou		hot (I) (we) lost couses stated

6 ly filled should b ond 2 offending physician and cove corbandoppers. Pages or removo buriol, cremotion, pleose signed prior to been rmit. hos use as the buriol-transit per Health and Mental Hygiene After this certificate FUMERAL DIRECTOR: the State Dept. of 8 MPORTANT. IF 0

offending physicion.

hospital

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Mount Zion Cem.

GREE

Landowne

3001. 5 Harrover STREET Beltinue, MD 21000

. bM

March F/H Inc, 1101 North Ave,

DEC 1 6 1083

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

12/13/83

medi event, the shows or Item 18 morked

CERTIFICATION

MEDICAL

WHILE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 19a DATE OF OPERATION

underlying couse

Conditions, if any, which gove rise to immediate couse (o), stating the

REGISTRAR DECEASED NAME TYPE OR PRINT

3. SEX

13a STATE

14. FATHER'S NAME

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from Pecenter

December 13 sow the deceased alive on ... obove, (I) (we) (did) (did not) view the body ofter death 22h SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OF PRINT) MICHABLE, KLUER

216. TIME OF INJURY

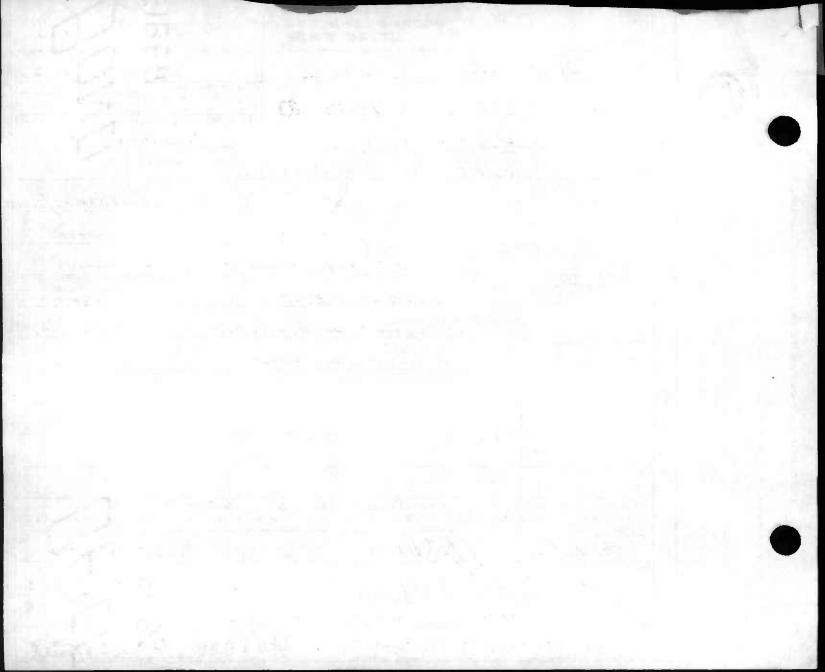
P.M

21e. PLACE OF INJURY

23b. DATE

ATTENDING

STATE



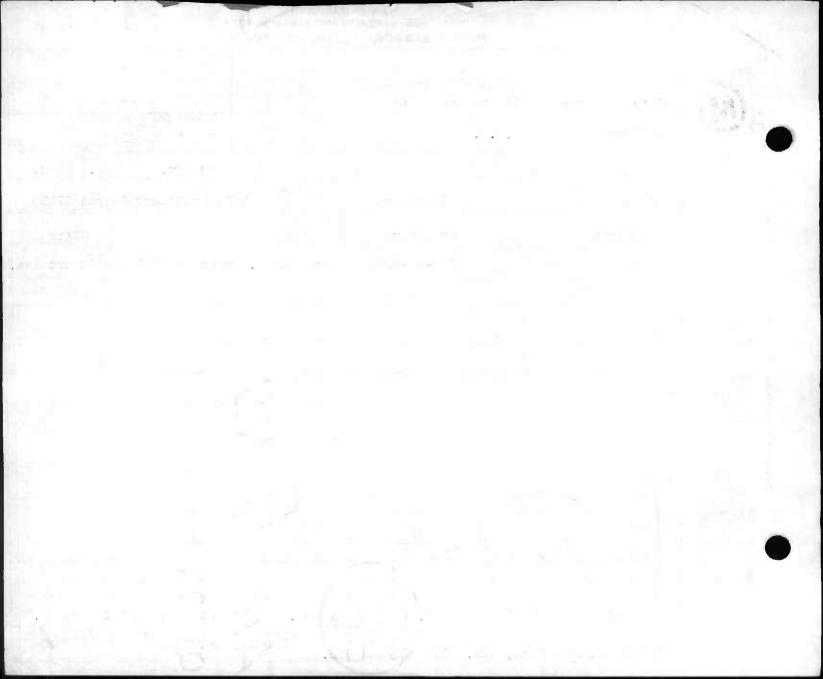
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PATO FUNDERAL DIRECTOR; PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PATO FUNDERAL DIRECTOR; PAGE 3 SHOULD BE DISED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FORWARDED.	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 2
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20M 4/82

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINED'S CERTIFICATE OF DEATH

	REGISTRAR		TATEL	JICAL E	AMIINEK 3	CERTIFIC	AIEOF		. NO.		
	ECEASED NA	ME FIRST		WIDDLE		LAST		20. DATE KNOWN OF ESTI-	X WONTH	DAY YEAR	2b.
6		James		L.		rowther		DEATH MATED	12/1		
3. SE	x Male	White	5. DATE OF BIRTH	YEAR 20			HOURS N	HRS. 2c. DATE PRONOUNCED DEAD	12/1	1/83 ₉	8
69 70 B	BIRTHPLACE OREIGN COUNTR ON YOU	(STATE OR Y) K	U.S.A.	IAT COUNT	MAI	RRIED A NEV	ER MARRIED			OF DEATH	
300	Balti	n of DEATH	I IF NOT IN SUCH FAC	CRITY, GIVE STR	SING HOME, OR O		ION II	OF HOST OF WORKING LIFE) Office Mgr.	(TYPE OF WORK 1	OR INDUSTI U.S GOV	RY
35 M	AL RESIDENC STATE arylan	CE (IF IN NURSING HOME O 13b. COUN		13c CITY O	BEFORE ADMISSION) OR TOWN Limore	13d. INSIDE CIT YES &	Y LIMITS? 13	e STREET ADDRESS 2014 Breitw	ert Ave	nue 212	30
300	ATHER'S NA FIRST Unkn	own	MIDDLE	Crow	thers	Sa	rah	WIDDLE		LAST Clark	:
- 60.	WAS DECEA! YES, NO, OR UNK YES	SED EVER IN U.S. ARI	MED FORCES? WAR OR DATES) II		05-4866	Marga		. Crowthers	71	230 eitwert	. A
HEALTH AND MENTAL HYSII IAL, CREMATION, OR REMOVA	gove cause lying c	pions, if ony, which rise to immediate (a) stating the <u>undersouse last</u> .	(b)	AS A CONS	SEQUENCE OF SEQUENCE OF	ASE OR CONDITION	GIVEN IN PART 1	10			
RIAL, CRE	190 DATE	OF OPERATION	19h CONDIT	ION FOR W	VHICH OPERATION	WAS PERFORM	AED?			20. AUTOPSY?	?
AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTWORE, MARYLAND, 21201 PRIOR TO BURIAL, CREA	UNDERLYII CONTRIBU 21d. INJUR' WHILE AT WORK	S NAME TH	21e. PLACE C STREET, FACT	MONTH	DAY YEAR 19 (AT HOME, C.) Id an Aut Suicide	OCATION STREET	Inspection of the control of the con	CITY OR TOWN Inquiry Undetermined monner _MEDICAL EXAMINER enn St., Bal	and in my opin , DATE SIGNED	2) NTY 12/12	2/8
230.E	(SPECIEV)	nation, REMOVAL 2	12/14/83		AME OF CEMETERY Paul Lu			Violetville	Balt	imore M	ά.
17	FUNERAL DIR		Home, Inc.		2122 Wilkens		DEC	D. RY REGISTRAR 25 (25)	EGISTRAR'S SIC	Collect	K

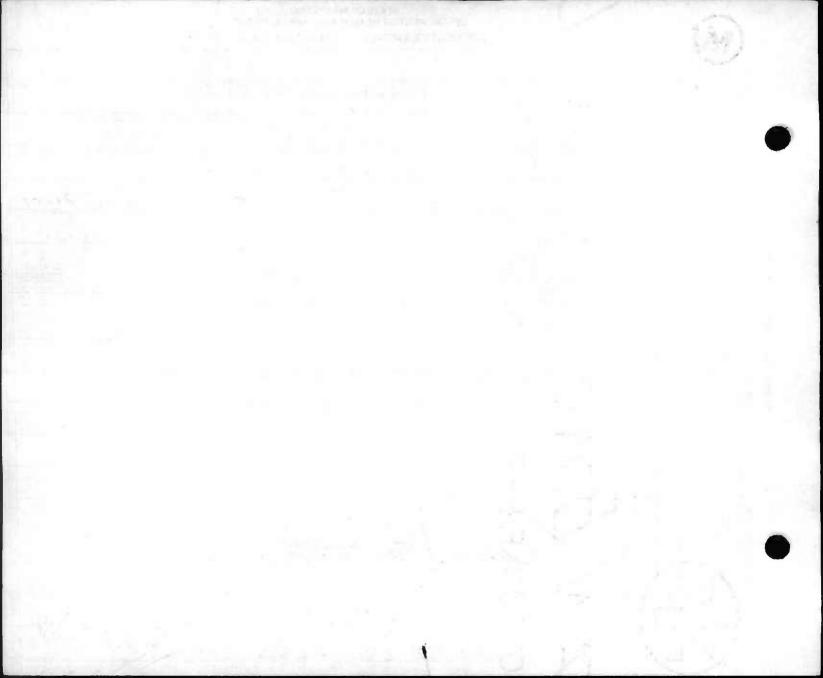


20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2 3 0 5

M.J		REGISTRAR	MEDICAL EX	AMINER'S CER	TIFICATE OF DE	ATH REG. NO.		
73		CEASED NAME FIRST	WIDDLE	LAST		20 DATE KNOWN	MONTH DAY Y	YEAR 26 HOUR
H	38	DAMON		CUNN	IINGHAM	DEATH MATED	12 3 19 5	83
ON STREET,	3. SEX	M B		GE (IN YEARS IF UNDER		PRONOUNCED DE AD	12 3 19 E	9:45
PRESTON		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore city or		IN M
00]	or town of DEATH Baltimore		te Street		USUAL OCCUPATION (TYPE OF DR MOST OF WORKING LIFE)	F WORK 12b KIND C OR IND	OF BUSINESS DUSTRY
35	13a S	Md. NOOUN		TOWN 13d.	INSIDE CITY LIMITS? 13e S	TREET ADDRESS, FAY	ette 2	21201
300		ANTHONY	MIDDLE CUNNINE	THAM		MIDDLE JO	hNSON	V
1	160 V	NAIN	WAR OR DATES)	/A F	regina J	Shuson 73	34 W.FA	/
		18: CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one couse per line for (o), (b), one	nfant death				XIMATE INTERVAL ONSET AND DEATH
IOIN, OR REMOVAL		Conditions, if any, which gove rise to immediate cause (a) stating the <u>underlying cause last</u> .	DUE TO, OR AS A CONSEC	DUENCE OF	Sylutone			
	NOI		CONTRIBUTING TO DEATH BUT NOT RELATED T					
1	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED?		20 AUTO	
3	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF D		Y YEAR		ER NATURE OF HYJURY IN ITEM 18 PAR	IT 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)	T HOME, 21f. LOCATI	ON	CITY OR TOWN	COUNTY	STATE
		220. I certify that I took charged death resulted from: Nath	a commins described oboyes Accident	Suicide 4.	ITLE (SPECIFY)	Inquiry , ond it	DATE SIGNED 1:	2/3/83
2	1		as D. Smith, M.D.	ADD	RESS 111 Penn	St. Balto.,Mo	31011102	
BALTIN	داد	URIAL, CREMATION, REMOVAL 2	36. DATE 236. NAM 12/7/83 K1	e of CEMETERY OR CR	PARK	LOCATION MORTOWN AND ANISTE BY REGISTRAR 1256 AGISTI	COUNTY	Md.
17 NE (5))	7	NAME A MORTO	ADDRESS MALE MAN	1 / 1 . 1 5	DEC.	6 1983	AND STONE COLLE	ideally



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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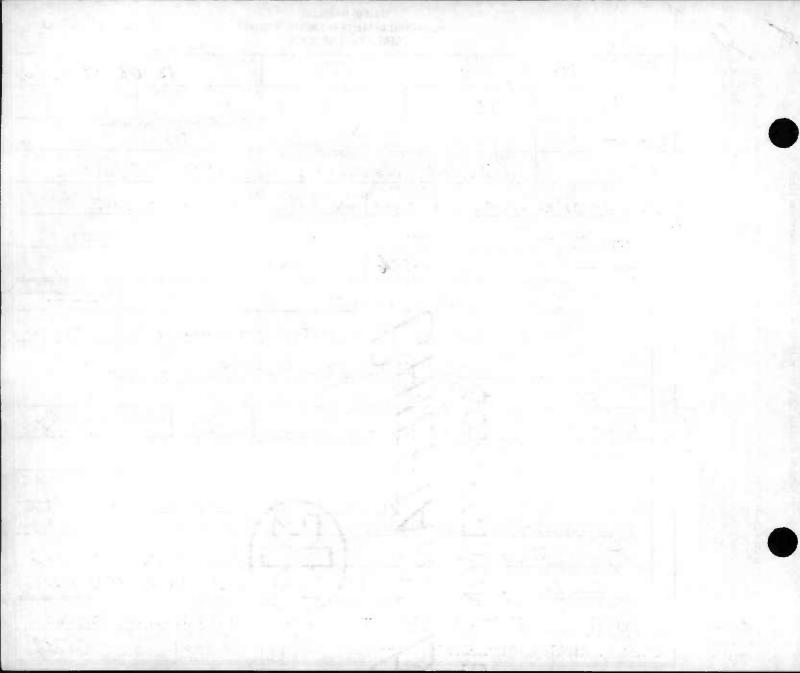
		REGISTRAR			CERTIF	ICATE OF DEATH	R	EG. NO.			
		CEASED NAME Dorothy	Thy	MIDDLE	Ci	Curry	2a DATE OF DE		O8	83	26. HOUR 02 100 _M
	3. SE)	Female	4. RACE What	2	5. DATE C		6. AGE (IN YEARS		RS.	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Ma	RTHPLACE STATE OF FOREIGN		54	WIDOWE			ITY			MD.
1	30 C1	BALTO:	(IF NOT IN SUI		ESTREET ADDRESSI	CYLAND	12a. USUAL OCC (TYPE OF WORK FOR Housew	MOST OF WORK	ING LIFE)	b. KIND OI IDUSTRY Wn H	ome
5	13a. S		OTHER INSTITUTION NTY ARUNDE	13c. CITY O		13d. INSIDE CITY LIMITS	-301	RESS ST	ti Sic	=2	1061
1	H. FA	THER'S NAME FIRST	MIDDLE	McColl		Rose Rose		DOLE		leehai	'n
2		VAS DECEASED EVER IN U.S. AF	MED FORCES?		L SECURITY NO.	17. INFORMANT CHAR	T	ADDRESS			
	NC	18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS C	PERIO	ISEQUENCE OF UNKY A	NOT RELATED TO THE TE	SEASE OR			1	MATE INTERVAL ONSET AND DEATH ONSET AND DEATH RS:
7	CERTIFICATION	190 DATE OF OPERATION (2 -0 7 - 8 3	196. COND	ITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN C	IF YES, WEI		OF DEATH?
2	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (1) (this hosp sow the deceosed olive or above, (1) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OF	21e. PLACE (AT HOME, ST	.M. MONT .M. OF INJURY REET, FACTORY,	H DAY YEAR 19 OFFICE, FARM, ETC.) from 72- 19 8 3 , or	211, LOCATION STREET 211, LOCATION STREET 10 5 , 19 6 10 that in (my) (our) opini DEGREE ATTENDING PHYSICIAN 220 ADDRESS	CIT CIT To To	Y OR TOWN the date and	d hour ond	ounty from the control of the contr	
	23a E	Burial, cremation, removal	23b. DATE 10 Dec	.83		emetery or cremator en Mem.Pk.	Glen E		, AA°	~ Mary	/lanď ^{ate}
	24. FL	JNERAL DIRECTOR				25g. (DATE REC'D. BY REGIS				

DHMH - 16 50M 4/82

heald be detached for use as the burial-transit permit. Then please remove or

James S. Kirkley, Glen Burnie, Maryland (VRA 15, 4)

250. DATE REC'D DEC



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in b should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

irector, page 3 urstbiter death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. S 7a. 10. 4 B USI 13a	BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA CITY OR TOWN OF DEATH altimore UAL RESIDENCE (IF NURSING HOME OR STATE TATHER'S NAME	The CITIZEN OF WHAT US of A II. NAME OF HOSP (IF NOT IN SUCH FACE MARYLAN OTHER INSTITUTION, GIVE R	S. C.	Hospital	6. AGE (IN YEAR 82 9 BALTIMORE BALTI 120. USUAL OC (TYPE OF WORK FE	mber 25, RS LAST BIRTHOAY) YRS CITY OR COUN more Cit	IF UNDER 1 YEAR MONTHS DAYS TY OF DEATH 12b. KIND C	3:50P M IF UNDER 74 HRS MOURS MIN.
3. S 7a. 10. G B USI 13a	CORNE EX MALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA CITY OR TOWN OF DEATH Altimore UAL RESIDENCE (IF NURSING HOME OR STATE LIBO COUNTAINS FATHER'S NAME FIRST	A RACE BLACK TO CITIZEN OF WHA US of A II. NAME OF HOSP (IF NOT IN SUCH PACIL Marylan OTHER HISTITUTION, GIVE R	T COUNTRY? 8. M. WI WI WILLIAM OF THE STREET ADDRESS OF THE BEFORE ADMINISTRATION OF THE STREET ADDRESS OF THE SECONCE BEFORE ADMINISTRATION OF THE STREET ADMINI	CATE OF BIRTH OCTOBER 28 15 CARRIED NEVER MARRIED DOWED DIVORCE DIVORCE DIVORCE THOSPITAL	6. AGE (IN YEAR 82 9 BALTIMORE BALTI 120. USUAL OC (TYPE OF WORK FE	YRS CITY OR COUN more Cit	IF UNDER 1 YEAR MONTHS DAYS TY OF DEATH 12b. KIND C	IF UNDER 24 HRS HOURS MIN.
7a. 10. (B) USI 13a	BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA CITY OR TOWN OF DEATH altimore UAL RESIDENCE (IF NURSING HOME OR . STATE VIRGINIA 13b COUN FATHER'S NAME FIRST	The CITIZEN OF WHAT US of A II. NAME OF HOSP (IF NOT IN SUCH FACE MARYLAN OTHER INSTITUTION, GIVE R	T COUNTRY? 8. M. WI WI WILLIAM OF THE STREET ADDRESS OF THE BEFORE ADMINISTRATION OF THE STREET ADDRESS OF THE SECONCE BEFORE ADMINISTRATION OF THE STREET ADMINI	CATE OF BIRTH OCTOBER 28 15 CARRIED NEVER MARRIED DOWED DIVORCE DIVORCE DIVORCE THOSPITAL	6. AGE (IN YEAR 82 9 BALTIMORE BALTI 120. USUAL OC (TYPE OF WORK FE	YRS CITY OR COUN more Cit	IF UNDER 1 YEAR MONTHS DAYS TY OF DEATH 12b. KIND C	HOURS MIN.
10. 0 B USI 130	BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA CITY OR TOWN OF DEATH altimore UAL RESIDENCE (IF NURSING HOME OR STATE MARYLAND FATHER'S NAME FIRST	US of A II. NAME OF HOSP (IF NOT IN SUCH FACE MARY LANC OTHER INSTITUTION, GIVE R	A WII PITAL, NURSING HO ILITY, GIVE STREET ADORE d General RESIDENCE BEFORE ADMI	NARRIED NEVER MARRIED DOWED DIVORCE DOWED TO THE INSTITUTION HOSPITAL	9 BALTIMORE D Balti DN 120 USUAL OC (TYPE OF WORK FO	MOTE CITY OR COUN	TY OF DEATH	MD.
10. 0 B USI 130	VIRGINIA CITY OR TOWN OF DEATH altimore UAL RESIDENCE (IF NURSING HOME OR INSTALE) WARYLAND FATHER'S NAME FIRST	US of A 11. NAME OF HOSP (IF NOT IN SUCH PACE Maryland OTHER INSTITUTION, GIVE R	A WII PITAL, NURSING HO ILITY, GIVE STREET ADORE d General RESIDENCE BEFORE ADMI	DOWED DIVORCE OME OR OTHER INSTITUTION SSS) Hospital	Balti D Balti DN 120 USUAL OC (TYPE OF WORK FO	more Cit	126. KIND C	
B USI 130	Altimore UAL RESIDENCE (IF NURSING HOME OR . STATE MARYLAND FATHER'S NAME FIRST	11. NAME OF HOSP (IF NOT IN SUCH FACE Marylan OTHER INSTITUTION, GIVE R	PITAL, NURSING HO ILITY, GIVE STREET ADORE d General RESIDENCE BEFORE ADMI	OME OR OTHER INSTITUTIONS SSS) Hospital	120 USUAL OC	CUPATION	126. KIND C	
B USI 130	Altimore UAL RESIDENCE (IF NURSING HOME OR . STAJE 13b COUN 1	(IF NOT IN SUCH FACE Maryland OTHER INSTITUTION, GIVE R	ILITY, GIVE STREET ADORE d General RESIDENCE BEFORE ADMI	Hospital	(TYPE OF WORK FO			F BUSINESS OR
14. 1	FATHER'S NAME FIRST				RET	IRED		G& STORA
	FIRST		BALTIMORE			DDRESS 1100	PENNSY	21201 LVANIA AV
160	Oliviania	∧IDOL€	CURTIS	15. MOTHER'S MAID		WIOOFE	LAS HO	GAN
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY	NO. 17. INFORMANT		ADDRESS		
	NO	22	28 26 800	4A MRS. MAI	MIE E. CURT	IS 1100	PENNS Y	
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one cause per line f	for (a), (b), and (c).	1			BETWEEN	MATE INTERVAL
IFICATION	PART 2. OTHER SIGNIFICANT C			H BUT NOT RELATED TO TH	200 AUTOP	SY? 20b. IF	YES, WERE FINDINTIFYING CAUSES	NGS USED
CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJ	JURY	121c. HOW INJURY O	OCCURRED (ENTER NATUL			NO []
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DAY	YEAR 19	18.	100		
MEDICAL	AT WORK AT WORK		ACTORY, OFFICE FARM, 1			CITY OR TOWN	COUNTY	STATE
	22a. I certify that H) (this hospit saw the deceased alive on abave, (H (we) (did) (diship)	al) attended the dec December	ceased from Dec 25 19 83	cember 13 , 19, ond that in (m) (our) o	, , ,	ember 2	, , ,	that (X (we) fast couses stated
	22b. SIGNATURE	View the body after	A)	DEGREE	ING MEDICAL	STAFF PHYSICIAN	22c. DATE	SIGNED
1	226. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS				
	Melvin Ducke	tt, M.D.		C/O Man	yland Gene	ral Hosp	ital	ST. ATEL
23a	BURIAL CREMATION, REMOVAL	12/31/8		TUS MEM. PAR	City OR	TOWN	BALTO.)	STATE MD.

DHMH - 16 50M 4/B2 (VRA 15, 4)

NAME ACORESS 4517 PARK HEIGHTS DEC 28 1983 John & Coming

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	280 04				11 1 C L.

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

(TYPE	CEASED NAME FIR							40		
	Cat	herine	٧.	Cza	jkowski		12	17	83	2110
3. SE	Х	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS	RIYEAR	IF UNDER 24
	Fsmale	Whits		Api	ril 17, 1922	61	YRS		DATS	HOURS !
	IRTHPLACE (STATE OR FOREIC	76. CITIZEN OF	WHAT COU	NTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O			ATH	
	Maryland	U.S	.A.	WIDOW		Baltimo	ors C	ity		
10 C	ITY OR TOWN OF DEATH			NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b	KINDO	F BUSINESS
1	Baltimors			ospital		Bookkeep	31	F	ieh	Marke
	AL RESIDENCE (IF NURSING H	ONT OF CHER INSTITUTION	13t. CITY_O	E BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COI	DE		
		Baltimore		timors	YES NO		tehir		ad	2122
FA	ATHER'S NAME	MIDDLE	LA	AST	15 MOTHER'S MAIDEN NA	AME			LAS	
	Edward		Wels		Ellan				McGa	ary
	WAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDR	ESS			
,	No	res, over war or bries,	217-	12-7116	Jossph H. C	zajkowski	Same	88	# 1:	3
	18 CAUSE OF DEATH (E)	nter only one couse per							APPROXI	MATÉ INTERVA DNSET AND DE
	PART I. DEATH WAS C	AUSED BY: AEDIATE CAUSE (0)	Card	LO PENDU	etory Arrest	£			1	12 H
	1 4 4 7				7					41
	1////	DUE TO O			,				1	H
	Conditions, if one, who		R AS A CON	ISEQUENCE OF					4	#
	Conditions, if ony, who	ich (b)_	Pro	sequence of Sepable. Se					4	#
	gove rise to immedia couse (a), stating	ich (b) ofe the DUE TO, O	Prob	ISEQUENCE OF SEQUENCE OF	psi		10 //	méno	4	6 wk
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1630 Edmondson Avenus, Catonsvills, Md. 21228

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

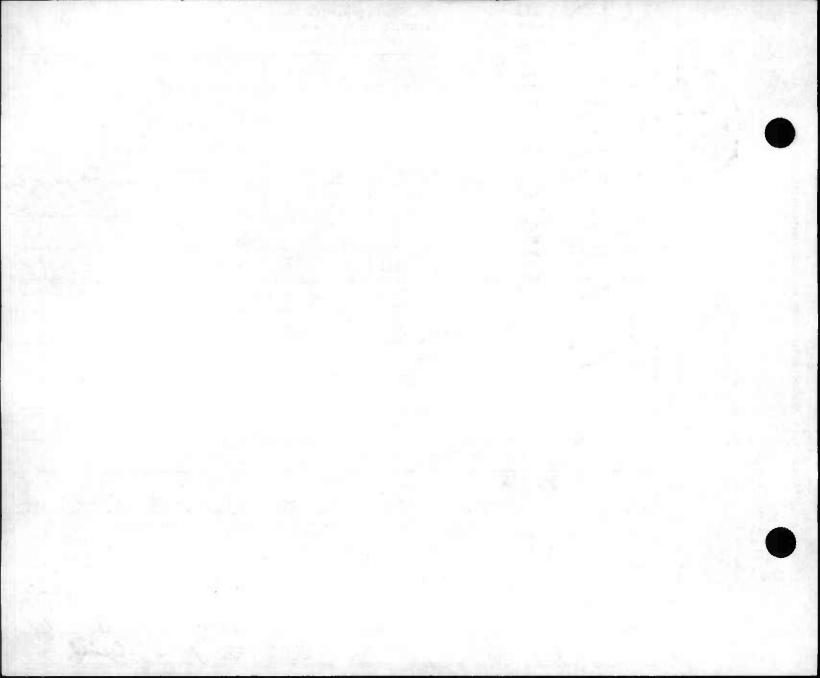
injury, or other traumatic event, th

MPORTANT: If Item 21 is marked or Item 18 shaws any

Elección de la companya de la compan Las Equal towns V. de 217-12-7115 Cocaph M. Cas Canada Fred Co. 12 Continue to proceed as a first - y's A Street Report and Laborator at the latest . . | com les tall | title . | ill com | . | | | | |

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ay be page 3 death		I. DE (TYPE	CEASED NAME FIRST	A RAGE	D A	H L	20 DATE OF DEATH	MONTH DAY YEA	3 729 AM
ge 4 m		1 36	FEMALE	WHITE	MONTH		75		PATS HOURS MIN.
deoth. Po			COUNTRY OF (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIEI		9 BALTIMORE CITY O	D. CITY	MD.
offer config	34	P	ALTIMORE	11. NAME OF HOSPITAL, NU	OURS	POSP.	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	Schure Co
titled in	1	USU. 13a	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE INTY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	EAGLE	5/13/12
ed within implifiely and 2 sh	20	14 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST
be execut on and s. Pages	e medicul		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SIVE WAR OR DATES)	SECURITY NO.	MS. LAMA	RTINA S	1022 EAGI	LE ST.
rtificate g physicic on poper	event, the		PART I. DEATH WAS CAUS	only one couse per line farial, (b ED BY: ATE CAUSE (o)	2DIAL	ABRE	st	BETW	PROXIMATA INTERVAL
deoth ce	oumatic		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCEOF	te condou	Ascular d	isesse (PEAUZS
hat the by the ose remo	ather tra		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF				
quir sig	injury, or o	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DELS ME	Was -
on. hos by	ows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
ding physicists certificate	Hem 18 sh		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	7 2)
G PHYS attending er this co	ked or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TO	WN COUNTY	Y STATE
Spiral or CTOR: Aft	2) is mor	3	220 I certify that (I) (this hasp saw the deceased alive or	n of view the body after death.	() /	d that in (my) (our) opinion o	to 2	19 ote and hour and from	, that (1) (we) last the causes stated
AL AL	ANT: If Item		226. SIGNATUR	Duun			MEDICAL STAI	FF	ATESIGNED 87
TO HOSPITAL retoined by the TO FUNERAL should be detailed by the total of the total	MPORTAN		220 PHYSICIAN'S NAME (TYPE	P ARGU	EPUE 1	1940 W.	Polts 5	7 1306	HC23
BP	_	1	URIAL, CREMATION, REMOVAI	12-24-1983	1.	wridge	23d LOCATION DOLLY OR TOWN	Back. G	Bo. The
DHMH - 16 50M (VRA 15, 4		La	Down of	for Inc. ADDR	ESS	DEC 2	7 1983	256 REGISTRAR'S SIGI	NATURE



	4		OR STATE			DEPARTMENT DICAL EXAM	OF HEALTI				3	2	3	J
	9	1. DEC	REGISTRAR EASED NAME OR PRINT)	FIRST	ME	WIDDLE	IIIVEK 3	LAST	TE OF DE	20 DATE K	REG. NO.	MONTH D	AY YEAR	2h. HOUR
ES. SE				Lois		V.		Dallmus		DEATH	MATED	12 3	31 19 83	N
Y, PLEA IRECTO UR FILL 2 HOU		SEX	male W	nite	5. DATE OF BIRTH MONTH DAY Jan 29 1	YEAR LAST B		VDER 1 YR. IF	UNDER 24 HR	S. 2c. DATE PRONOUNG DEAD	CED		31 19 83	2d. HOUF 12:2.
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VECES CNER WITH WITH	5/		III.			J.S.A.		IED 🗌 NEVER VED 😿 D	MARRIED [3	ltimor			MD
MD. 21201 H. IF ANY DELAY IS NECESSARY, PLEASE 7, 2, AND 3 TO THE FUNERAL DIRECTOR. 7 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED. WITHIN 72 HOURS TALRECORDS, 2010. PRESTON STREET,	20	10. CI	YORTOWN OF D Baltimo		(IF NOT IN SUCH FA	PITAL, NURSING H CILITY, GIVE STREET ADDR IMble Roa	(ESS)	HER INSTITUTION	N 12a. U	ISUAL OCCUP. OR MOST OF WORK House	ING LIFE)	FWORK 12h	OR INDUST	ISINESS RY
3 TO BE	07		L RESIDENCE (IF IN	NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE AD	MISSION)	has ment one or						
AND RETA	勿	_	ryland	13b. COUN	IY	Baltime				3726 K	imble	Road	21218	}
MD 3.	201	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S FIRST		ME	DOLE		LAST	
W - 0 01 - 2	ZU		Henry			Seelye			arl				ston	
0 - 22-	1	16a. W	AS DECEASED EVE		MED FORCES? WAR OR DATES)	166. SOCIAL SEC		17. INFORMAN		llston,			1047	Rd.
JRS AFTER S. GIVE PA WITH FOR WITH FOR DIVISION	71		No			219-10-	1063	Georg	e T.Da	llmus J	r. 211	1 Lau	rel Br	ook
	. [18 CAUSE OF DE		ly ane cause per line								APPROXIMAT BETWEEN ONSE	INTERVAL T AND DEATH
ON ST., 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D	į		PART I DEATH	IMMEDIAT	TE CAUSE (a) Art	erioscler	otic c	ardiovas	scular	diseas	е			
W. PRESTON ST. WITHIN 24 HOUENCIL IN ITEM 18 MINER ALONG TRANSIT PERMIT ENTAL HYGIENE,	3		4292		DUE TO, OR	AS A CONSEQUEN	NCE OF							
WITHIN WITHIN AINER AL	NEW YEAR		Canditions, if		(b)									
DS, 201 W. P XECUTED WIT IG. IN PENCI AL EXAMINE BURIAL - TRA AND MENTA ATION ON PA			cause (a) state lying cause la	ng the under-	1	AS A CONSEQUEN	NCE OF							
ECORDS, 201 V BE EXECUTED ENDING" IN PE MEDICAL EXAM AS A BURIAL- ALTH AND MEI ACTUM	3		PART 2 DTNER SIGNIFIC	ANT CONDITIONS	(c) CDNTRIBUTING TD DEATH	RUI NDI REEATED TO TH	E TERMINAL DISEAS	E DR CONDITION GIV	EN IN PART 1 to).					
HAL RECORDS HOULD BE EXE OND "PENDING CHIEF MEDICA E USED AS A BU OF HEALTH AI	S L	ON												1
NI RI		CAT	19a. DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATION V	AS PERFORME	D?			2	0 AUTOPSY	?
SHOULD WORD "P	A C	KTIE					-						YES X	NO 🗌
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU STRING THE WORD. "PENDING". IN PENCIL IN TEAM HOWED "PENDING". IN PENCIL IN TEAM HOWED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT EDERGRANKEN OF HEALTH AND MEMINAL HYGIENE, TO PURPLY AND MEMINAL HYGIENE.	2/	MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M	. MONTH DAY	YEAR	OW INJURY OC	CURRED (ENTI	ER NATURE OF INJU	RY IN ITEM 18 PAI	(T I OR PART 2)		
VISIO FERTI TING FED T 3 SHA 3 SHA 9 SEPA	ž.	EDIC	21d. INJURY OCCU		TI+ PLACE (46. 21f. LC	CATION						
TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOW WITH THE STATE DEPARTED PAGE 18 SHOWN ON A SHOW AND A SHOW BELLENDER TO SHOW AND A SHOW BAND BAND BAND BAND BAND BAND BAND BAND	2	¥		WORK [J SHIRET PACE	TORY, TARM, ETC.)		SIREE		CITY OR TOW	N	COUNTY		STATE
ATE, T	, a		22s I certify the	of I took charts	e of the remains des	cybed abave, held	on Autor	sy K In	spection .	, Inquiry	, and	in my opinio	in	
N C T T T	3		death resulted fro	m Notice	A couses K	Addient D.	Swide	, Hamicide	Und	determined mai	nner .			
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A SECTION OF THE PROPERTY OF T	2		SIGNATURE	-64	Merci	10/100	1	Deputy	y Chief	EDICAL EXAMI	NER	SIGNED.	12/31/	83
EDIC JNET A SE SEA	2/		EXAMINER'S NAM	E m	U)		1							
A SA	LK		(TYPE OR PRINT)	The	omas D. S			ADDRESS			Balto.	MD.		
		230. Bl	IRIAL, CREMATION			25		OR CREMATORY	23d.	LOCATION		COUNTY		TATE
BP		74 FI	Buris		Jan 3 198	34 More.	land Me		DATE PEC'D	Balti BY REGISTRAN		M PAR'S SICA	arylar	ıd
DHMH - 17			NAME		ADDRESS	Dall + 4	We		JAN 3	1984	Sal	Q	Cal	1 '
(VR A15 ME (5 20M 4/82	17		Leonard d	. Ruek	t, inc. 1	Baltimore	, mary	lana	JANO	1004	9000	~~	STATE OF THE PARTY	A .

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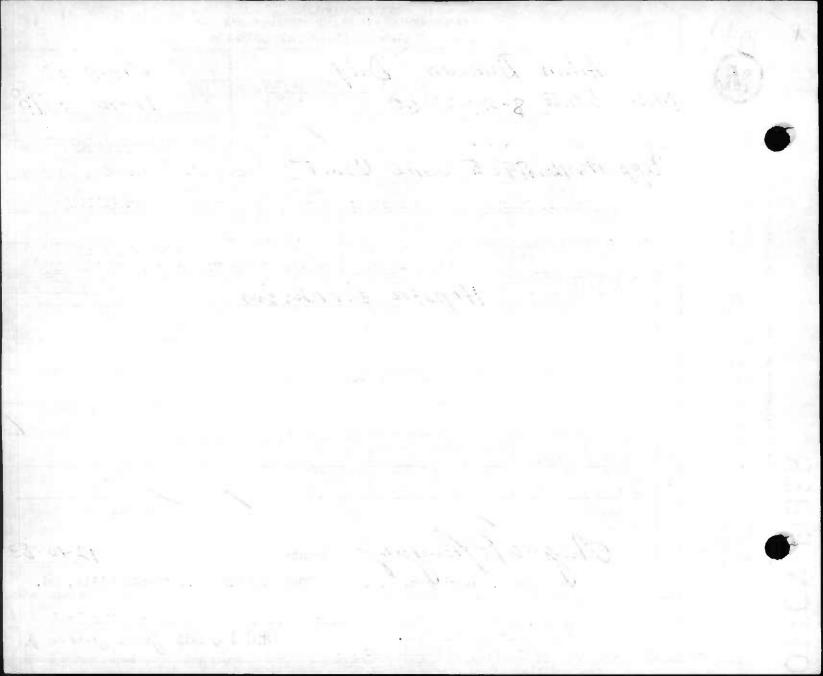
Later Day of the contract of the contract of

20M 4/82

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR	MEDI	CAL EXAM	INER'S C	ERTIFICATE O	F DEATH	REG. NO.		- 10
	CASED NAME Allan	Dune	CON	Daly	LAST	20. DATE KN OF E DEATH M.	STI-	DAY YEAR 2-1019 &	3 HOU
N	ale White	S. DATE OF BIRTH MONTH DAY 8-27-	23 6. AGE (23 6 C	PENDAY) MONTH		24 HRS. 2c. DATE MIN PRONOUNCE DEAD	D /2-	DAY YEAR	370
	RTHPLACE ISTATE OF	76. CITIZEN OF WHA			ED DEVER MARRIE	D BALTIMOR	ECITY OR COUN	NTY OF DEATH	
10. CT	Pennsylvania	II. S. A. II. NAME OF HOSPI	TAL, NURSING H	E55)		Prince 120. USUAL OCCUPAT FOR MOST OF WORKING Accounting	G LIFE)		BUSINESS
05U/ 13a. S Ma	TATE III. COUNT		RESIDENCE BEFORE AD 13c. CITY OR TOW Upper Ma	M		13e STREET ADDRESS 9905 Cone	Court ((20772)	
	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE			LAST	
	lan D. Daly, II				Mary K				
	(AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17 INFORMANT		awndale		
Ye	s WWII		145-16-	3636	Deborah B	ayer Finksl	ourg, Mai		1048
NOI	cause (a) stating the <u>under-lying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS C	(C)		TERMINAL DISEASE		T 1 : a			
CERTIFICATION	190 DATE OF OPERATION			OPERATION W	AS PERFORMED?			2B AUTOPS	
CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		NJURY MONTH DAY	YEAR	DW INJURY OCCURRE	VRULHI TO BRUTAH RETHEL	IN ITEM 15 PART 1 OR P	PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR	INJURY (AT HON RY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
	220. I certify that I taak charg death resulted from: Natur ACTUAL SIGNATURE	ol couses A	reinger	an Autap	Homicide TITLE (SPECIFY) Deputy	Undetermined mann	DATE ER SIGN	E 12-4	
23a.B	EXAMINER'S NAME AUGU URIAL, CREMATION, REMOVAL 2 PECIFY)				ADDRESS R CREMATORY	23d LOCATION CITY OR TOWN	Temple	Hills, N	1d.
В	urial Dece				eterans Cem	etery Chel	tenham,	Maryland	1
		Funeral			250. DAU	U 1 5 1983	A CONTRACTOR	Jan Can	ug
0	ld Alexander Fe	rry Road,	Clinton,	Maryla	and		U		_



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I

CERTIFICATE OF DEATH

LAST

YGIENI			
			R
2.0	DATE	OF	DE

REG. NO.				
20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	JR
12-4-83			11,	WA.
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
56 YRS.	MONTHS	DAYS	HOURS	MIN.

SEX	C	4. RACE	5. DATE OF BIRTH
BIRTHPLACE COUNTRY)	(STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE N

MIDDLE

MARRIED NEVER MARRIED DIVORCED

Hospital

Baltimore City 120. USUAL OCCUPATION

9. BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

ID. CITY OR TOWN OF DEATH Baltimore

Marvland

Maryland

William

190 DATE OF OPERATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

14. FATHER'S NAME

CERTIFICATION

WEDICAL

FOR

REGISTRAR

I. DECEASED NAME TYPE OR PRINTS

- STATE

thoran USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13c CITY OR TOWN

LAST

Baltimore

Jenkins

166 SOCIAL SECURITY NO.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

YEAR 2

> 21217 13e. STREET ADDRESS 41/0/2 19

YES X NO T 15. MOTHER'S MAIDEN NAME MIDDLE

ADDRESS

NKNOWN	(IF YES, GIVE WAIT OR DATES)	217-20-2998	William	С.	Dare	1701	Eutaw	Place	319
PART I DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).)				4		APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
Canditions, if ony, gove rise to imm cause (a), stoting underlying couse	which (b) ediate DUE TO, C	DR AS A CONSEQUENCE OF	Hy	2ll	sees				
PART 2- OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERA	AINAL DISEAS	SE OR COND	ITION GIVEN IN	PART Ita	

ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19
I. INJURY OCCURRED	21e. PLACE OF INJURY	

NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20e AUTOPSY?

21f. LOCATION NOT WHILE 22a.) certify that () (this haspital) attended the deceased from

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

CITY OR TOWN STATE and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

-	ODOTE, ANTHET	aid) (did hor)	Alem the bod	y offer death.
77b.	SIGNATURE	^	^	0
		- 0		0
1	///	5	M	1
1	1 60			

ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN

226.	DAI	SIGNED	
1	2	-34-	8

NO T

77d. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on

22e. ADDRESS

23o.	BURIAL,	CREMATION,	REMOVAL
	RITE	CREMATION,	

24 FUNERAL DIRECTOR

23b. DATE 12/8/83 23c. NAME OF CEMETERY OR CREMATORY Arbutus MemorialPk

Arbutus,

COUNTY Md".

should be detached with the State Dept. ±

and Mental Hygie

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or hem

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Hem 21 is

MPORTANT

C March F/H Inc. 1101 E North Avenue

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL

FOR Item 18c &22a film 58 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Trey T. A Jucasell C. Witches Furner C. Lamou P. .

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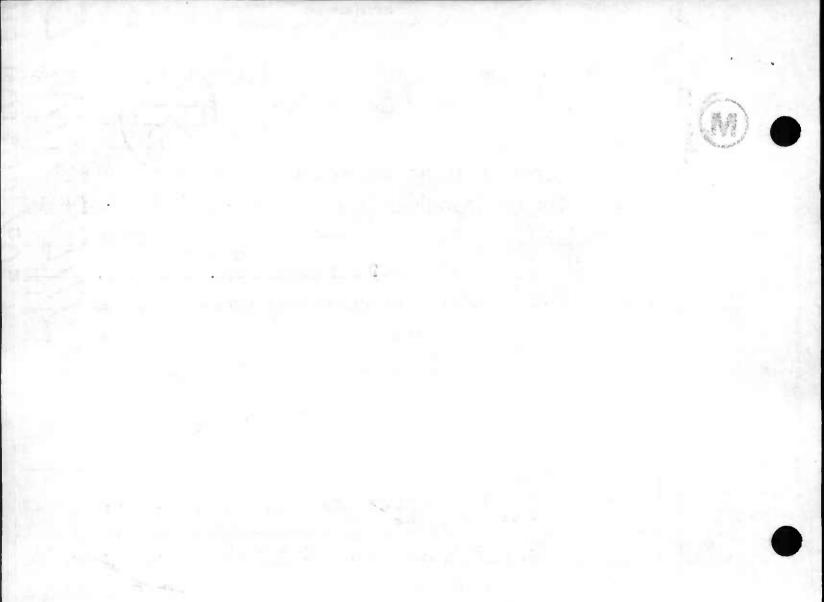
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	201 40	CERTIFICATE	OF DEATH	REG. NO).	
I. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
SARA	H	OAVID	SON	DECEMB	ER 12,83	5:45 AM
3. SEX	4. RACE WHITE	5. DATE OF BIRTH	DAY YEAR 99	6 AGE (IN YEARS LAST BIRT	YRS DAYS	
BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF WHAT COUNTRY	MARRIED N	DIVORCED [BALTO,	CITY	MD
BALTO,	11. NAME OF HOSPITAL, NURS WE NOT IN SUCH FACILITY, GIVE STRE	O OF 18	BALTO	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEW I		of business or HOME
SUAL RESIDENCE (IF NURSING HOMBO 130 STATE No LOU		STOWN YES	SIDE CITY LIMITS?	36 Z COURT	LEIGH DR.N	#211337
MOSES	SHERMAN SHERMAN	15. MC	MARÝ ^{85†}	WIDDIE	GOODMAN	AST
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 216 09			MARVIN DAVIL		MD 21133
PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEO	D RESPIRED HE	PATTORY	ARREST	BETWEE	NAMATE INTERVAL NONSET AND DEATH
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	(0
NO LTIF	196 CONDITION FOR WHIC	CH OPERATION WAS	PERFORMED	20a AUTOPSY? YES □ NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
CALIFF OF DE			OW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2)	
THE EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		OCATION STREET	CITY OR TO	NN COUNTY	STATE
sow the deceased alive a	poitol) ottended the deceased from 1 19 19 19 19 19 19 19 19 19 19 19 19 1	83 and that		3 , to DFC		, that (I) (we) lost the causes stated E SIGNED
224 PHYSICIAN'S NAME (TYPE	ORPRINTI ORPRINTI	or mr	ATTENDING PHYSICIAN C	MEDICAL STAF	F V 1121	12/83
Elena B	ARRAQUE	R	SINAI	HOSP, (OF BAL	10
230 BURIAL, CREMATION REMOVA (SPECIFY) BURIAL				ordit carosed		
24 FUNERAL DIRECTOR SOL 6010 REISTERS	LEVINSON & BROS		1215 DE	e rec'd. by registrar	25 <u>b. Pegistrar's Si</u> gn	anul

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be

STATE OF MARYLAND

3	.5	323	1	5
	0		No.	

1	- STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	0 3000
	ECEASED NAME FIRST	TRUDE	DAVIS	20. DATE OF DEATH MONTH	6 83 9.30 PM
₹ 3. SE		RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
8111	Virginia CITY OR TOWN OF DEATH ALTI MORE	U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNIVERSITY		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN) Housewife	
USU 130	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 134. IN SIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	BURN 212 ARE
1	ather's NAME FIRST Zion Tayl	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Late Mag	MIDDLE	LAST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	(2374 0 00 0 AVE 3)		ADDRESS	21215 ve., Balto Md
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO (VAT CELL (20a AUTOPSY? 20b. If	GIVEN IN PART 110 FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
CERTIFIC	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH DA		YES NOTER NATURE OF INJURY IN ITEM	YES NO
rked or nem	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE AT WORK AT WORK		19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
i. If them 21 is ma	saw the deceased alive an	ital) attended the deceased from	DEGREE M) ATTENDING PHYSICIAN [death accurred on the date and	hour and from the causes stated 1216 85
MPORTANT	22d. PHYSICIAN'S NAME (TYPE OF	LAKHANI	1220 ADDRESS UNIVESIT	Do Maria	AND CANCER C
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation FUNERAL DIRECTOR		Westview Memorial	23d. LOCATION CITY OR TOWN CATOMSV111 TE REC'D. BY REGISTRAR 25b. RE	Balto. Marylan

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the haspital ar attending physician

BP.

ColumbiaRd Ellicott City

Virtuia

U. S. A.

Lousewife

inte alon Taylor

Let: white Tilliam

21215

Baltimore

Julian Myds 2739 Cylburn Ave., Dalto Md

Cremetion

DEC 8, 1903 Westvick Venorial Catomsville Malto. Maryland

Harry H Vitzle (112 Columbia%d Ellicott City

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pager and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

83-323/6

1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	323/6
	CEASED NAME GOOT	MIDDLE V.	D'ANS,	125	85 42
3. SEX	F	RACE	5. DATE OF BIRTH	45 YRS.	IF UNDER 1 YEAR IF UNDER 24
	RTHPLACE (STATE OR FOREIGN 76.	US A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or county	City
10. CI	Balb	NAME OF HOSPITAL, NURSIN (IF NOT HISUCH FACILITY, GIVE STREET SING! HOS	ADDRESS / ADDRESS / TAL	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE C. C. L.	12b. KIND OF BUSINESS INDUSTRY
USUA 13a. S	AL RESIDENCE (IF NURSING HOW AND IT ATE. 13b. 13b. 13b. 13b. 13b. 13b. 13b. 13b		YES NO W	32/5 St Lukes	La 2/20
14. FA	THER'S NAME FIRST THE STATE OF	LAST LAST	15. MOTHER'S MAIDEN NA	ME , MIDOTE COLOR	LAST
	VAS DECEASED EVER IN U.S. ARME	ARORDATES 216 36	3369 MAD	Dari 3215	It Lakes &
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE O	BY: In would le		Reese.	APPROXIMATE INTERVA BET WEEN ONSET AND DE
	Conditions, if lony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE ACCUMENTATION OF AS A CONSEQUE ACCUME	all Janen	ray Besest	
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. P.	ART 1 OR PART 2]
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a.1 certify that (1) (this hospital sow the deceased alive onabove, (1) (we) (did) (did not)	12-4 19	ond that in (my) (our) opinion	deoth occurred on the date and hou	
	27b. SIGNATURE	Coliare	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	13:5 8
	22d PHYSICIAN'S NAME (TYPE OR	Wara FI	220. ADDRESS SWWW	Armetal.	
73 B	NUMBER OF MATION STANOVAL	23b. DATE / 93 23c.	TAME OF CEMETERY OR CREMATORY	236 TOCATION	GOUNTY , L, STAT
بسيسه	Mongany	12/1 /01 4	avenus num 1 R	FERRECID, BY REGISTRATION REGIST.	111 4

DHMH - 16 50M 4/82 (VRA 15, 4)

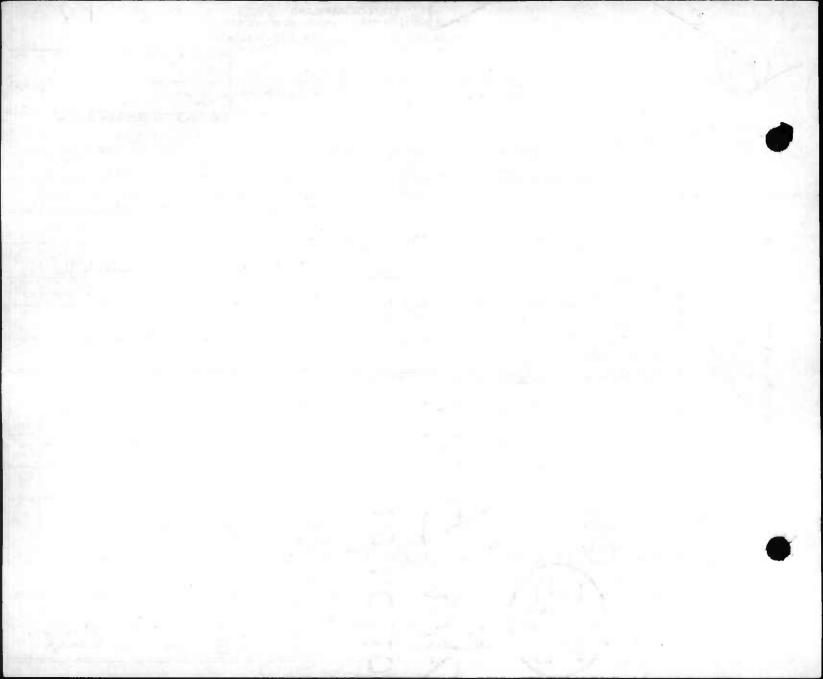
etoined by the hospital or ottending physician.

Section of the little of the Street Park

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 - :	FOR STATE REGISTRAR			DICAL EXAMI			NTAL HYG		REG. I	NO.		
- 1		CEASED NAME OF PRINTI	AE FIRST		MIDDLE		LAST		Ze DATE OF	KNOWN	HINOM K	DAY YEAR	Zh HOUR
- 1	(1111)	CORPRINT	Harol	d			Davis			ESTI- MATED	□ 12	28 19 8	3 M
- 1	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN		FUNDER 24 H			MONTH	DAY YEAR	2d. HOUR
Ц		ALE	BLACK	3 18	38 45	YRS.	DATS	HOURS MIN	DEA	D	12	28 19 83	3 noom
N	T5 0	RTHPLACE (0.0	7b. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVE	R MARRIED [9 BALTIA	MORE CITY	OR COUN	TY OF DEATH	
7	D	ALIU.	י עו'ו נ	USA		WIDOW				imore			MD.
7	III. CI	TY OR TOWN		(IF NOT IN SUCH FAC	PITAL, NURSING HO	5)	ER INSTITUTI	ON 120	USUAL OCCL			17b KIND OF E OR INDUS	
4	LI SIIA	Balti		Providen	t Hospita]	E FIOLIN			SOCIA	AL 2F	CURI	ΓY	
5	Hi. S	MD.	13b. COUN		BALTO.	1 1	13d INSIDE CITY	NO 13e	1302	OUNT	ST.	212	17
	-	THER'S NAM	/E	MIDDLE	D LAST		- FIRS	S MAIDEN N	AME	MIDDLE _		LAST	
\mathcal{I}	Section 1	HA	Lı		DAVIS		GRAC			E.			
1	(YE	ES, NO, OR UNKN	ED EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17. INFORMA		101	ADDRE:		T. 1. O. 1.	C-
		NO					JAMES	DORSI	EA TS	LO IV	DEN	TALOU	
		18 CAUSE (y one couse per line (22			BETWEEN ON	SET AND DEATH
	1	45	C - IMMEDIAT		terioscler		cardio	vascula	ar alse	ease			_
		Condition	ons, if ony, which	DOE TO, OK	AS A CONSEQUEINC	L OF		,					
			rise to immediate	DUE TO OR A	AS A CONSEQUENC	F OF						1	
		lying co	use lost.	(3)									
		PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION (GIVEN IN PART 1 to	ı,		 .		
	20												
5	CERTIFICATION	190. DATE O	FOPERATION	196 CONDIT	ION FOR WHICH OP	ERATION W	'AS PERFORM	ED?				20 AUTOPS	Y?
	TIFIC											YES 🗌	NO K
	CER	210. EXTERN	IAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YE		OW INJURY C	CCURRED (EP	NTER NATURE OF I	NJURY IN ITEM	TB PART I OR PA	RT 2)	
1	MEDICAL	CONTRIBUT	ING CAUSE OF	DEATH P.M.	19								
	MEDI	21d INJURY			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TO	OWN	co	YTNU	STATE
		AT WORK	NOT WHILE C			H							
		220. I cer	tify that I took charg	e of the remains desc	ribed obove, held on	Autop	sy .	Inspection]	Inquiry	,	and in my of	pinion	
		death resul	Itey Irgin: Notur	ol couses	cident	Suicide 🗌	, Homicio	le . Ur	ndetermined m	nonner],		
		ACTUAL /	Wor.	· (4/	to gar	12	TITLE (SPI				DATE	12-28	-03
		SKINATURE	- tuu	CO (1)	mag ujo	W M	.D. ASSI	stant_,	MEDICAL EXA	MINER	SIGNE	12-20	-03
1		EXAMINER'S		nis F. Sm	vtk/ M.D.			1 Penn	St. B	alto.	, Md.	21201	
1	23e BL	JRIAL, CREM	ATION, REMOVAL 2		23c NAME OF C				& LOCATION				
	(5	URIAL	1	13/2/1	GAINES	Cu	CFM.	E	LI ICO	TT C	TV	MD	STATE
	14 5	INERAL DIF	CIORDVETT	4600 ADGREST	-117.14	TC /	VE. I	DATE REC'E	BY REGISTR		GISTRAR'S	IGNATURE	7 1
		NOT U	ווסוע יי	TOOU ADORES	שבאוז ווט	131 /	14E:	JEU 3 (J 198 3	300	med	, which	K !

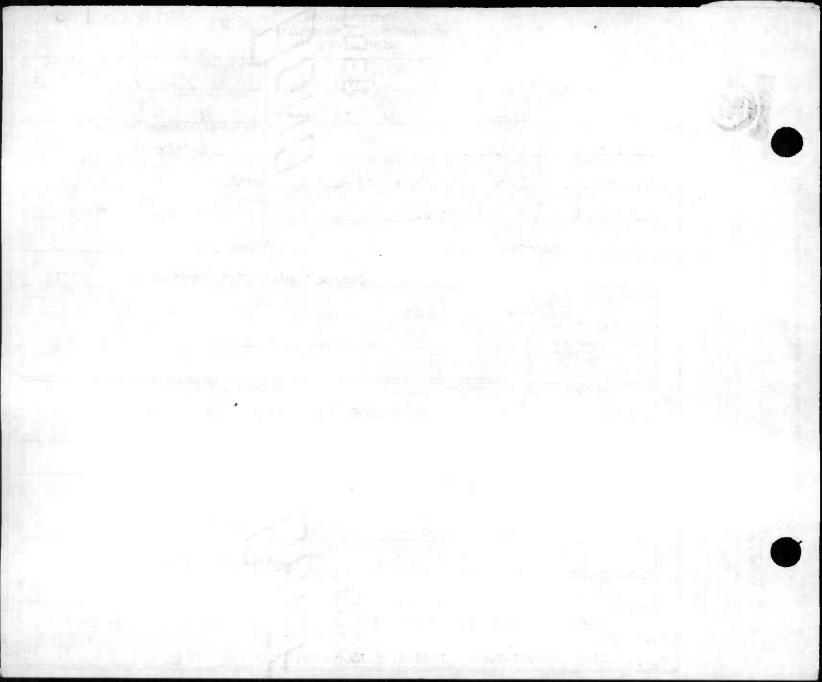


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

							ICATE OF DEATH	REG. N	IO.		
		CEASED NAME OR PRINT)	FIRST	ev	WIDDLE	N	ari's	20. DATE OF DEATH	12 - L	1-83	26 HOU
4	3. SEX		4	RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 2
1	F	'emale	300	Black		04	16 1898	84	YRS		
82		RTHPLACE (STATE OR OUNTRY)	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY			
1	10.61	Virginia		U.S.		WIDOWE	DR OTHER INSTITUTION	Bal	timore	12b. KIND C	E BUICINIE
34		IY OR TOWN OF DE	AIH		H FACILITY, GIVE STREET		HOS D	(TYPE OF WORK FOR MOST Retired			IF BUSINE:
2	U5U/ 13a S		13b. COUNT		13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS			7.0
4	IA EA	MD THER'S NAME			Balto.		15. MOTHER'S MAIDEN NA	2708 Hugo	Ave.	212	18
(17)	13.17	FIRST		nown	LAST		FIRST	known		LAS	T
/ edico		(AS DECEASED EVER ES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17. INFORMANT	# 2700 Hand			21218
		18. CAUSE OF DEAT					Jerome Hamle	L 2/08 HUC	O AVE	APPROX	MATE INTERV
ijury, ar a	TION	PART 2. OTHER SIG		/ 7	in	1	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIV	VEN IN PART 10	a
i G	ICA	190. DATE OF OPERA	TION	19b. COND	II ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN	OF DEATH
i kuo swoy	RTIFICA	Blancon				OPERATIO		YES NO	IN CERTIF	FYING CAUSES	OF DEATH
em 18 shaws ony it	AL CERTIFICAT	190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEE	IDERLYING CAUSE OF DEATH	21b. TIME C	FINJURY M. MONTH D		21t HOW INJURY OCCUR	YES NO	IN CERTIF	FYING CAUSES	NGS USED OF DEATH
rked or Item 18 shows ony in	MEDICAL CERTIFICA	216. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. INJURY OCCUR	IDERLYING CAUSE OF DEATH	21b. TIME C HOUR A. P. 21a. PLACE	FINJURY M. MONTH D M.	AY YEAR		YES NO	IN CERTIF YE URY IN ITEM 18 F	FYING CAUSES	NO [
121 is marked ar Item 18 shaws any in		216. ACCIDENT WAS UNDOR CONTRIBUTING (FETHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT WORK Sow the decoobove, (I) (we)	CAUSE OF DEATH	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	IF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC)	211 LOCATION SIREET 7 19 7 nd that in (my) (our) opinion	YES NO CITY OF INJ	IN CERTIFYE	COUNTY	of DEATH NO ST
If Nem 21 is marked ar Item 1		21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTEY MED 21d. IN JURY OCCUR WHILE NOT WAT WORK AT WO 22g 1 certify that (1	CAUSE OF DEATH	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	IF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC)	211 LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIANA	YES NO CITY OR I	IN CERTIFYE	FYING CAUSES S PART 1 OR PART 2) COUNTY	OF DEATH NO ST
is marked ar Item 1		216. ACCIDENT WAS UNDOR CONTRIBUTING (FETHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT WORK Sow the decoobove, (I) (we)	CAUSE OF DEATH ICAL EXAMINER) RED INHUE ICAL EXAMINER) ICAL EXAMINER ICA	21b. TIME C HOUR A. P. 21a. PLACE (AT HOME, STI	IF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC)	211 LOCATION SIREET 211 LOCATION SIREET 19 27 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIANN 22e. ADDRESS	YES NO CITY OR TO DIRECTOR DIRECTOR DIRECTOR DIPHYS	IN CERTIFYE VE OWN dote and hou	COUNTY	OF DEATH NO STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

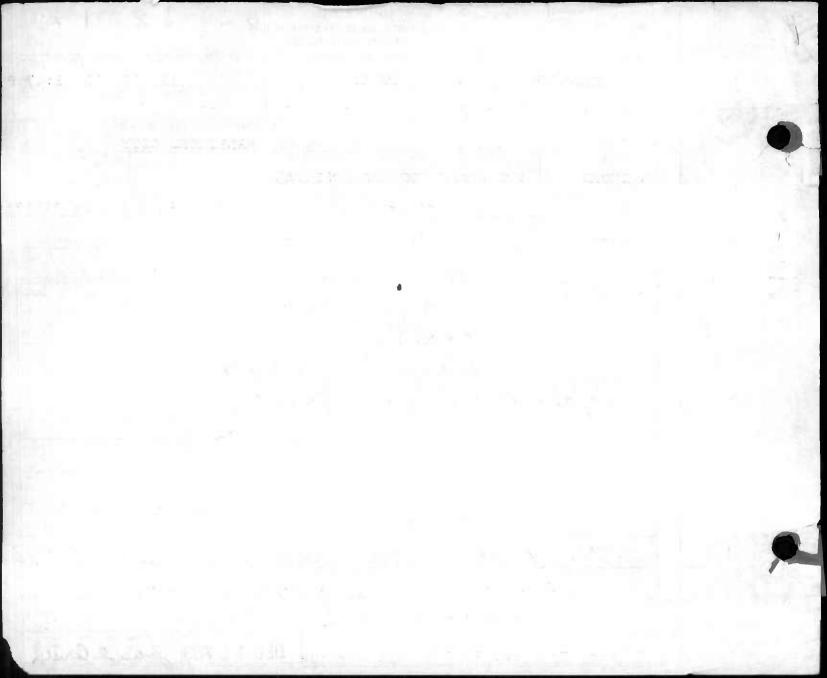
BP.



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 2. Its response by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filed in the fundational should be detached for use as the burial-transit permit. Then please remove carbonapopers, Pages I and 2 should be find with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remaval.	IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical example (min
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1-	FOR STATE REGISTRAR	Will be a second	DEPARTN	NENT OF H	OF MARYLA EALTH AND A ICATE OF D	AENTAL HYG	GIENE S	3	2 3	-	9
	CEASED NAME FR	151	MIDDLE	L	AST		20 DATE OF	REG. NO.	TH DAY Y	EAR	2h HOUR
TITPE	ROSAL	IND	Ε.	DAV	IS			12	13	83	3:474 1
3. SEX		4 RACE		S. DATE C		YFAR	6. AGE (INYE	ARS LAST BIRTHDAY		DAYS	IF UNDER 24 HRS. HOURS MIN.
-	Female	В1а	ack	1 2		61			YRS		HOURS MIN.
	RTHPLACE (STATE OR FOREK	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER A	ARRIED X	9. BALTIMOR	E CITY OR CO	OUNTY OF DEA	TH	
	aryland	U.S		WIDOWE	D DN	ORCED		IMORE	CITY		MD.
10 CI	TY OR TOWN OF DEATH		HEACILITY, GIVE STREET		R OTHER INST	TUTION	120 USUAL O	CCUPATION FOR MOST OF WOR			BUSINESS OR
	ALTIMORE		JOHNS HO		S HOSI	ITAL					
13a. S	AL RESIDENCE (# NURSING +	COUNTY	13c. CITY OR TOW		136 INSIDE C	TY LIMITS?		DDRESS / ZIP			- 3
	aryland		Baltin	nore	YES 🗶	NO 🗌		Madis	son Ave	enu	e 21217
.14. F.A	THER'S NAME	MIDDLE	LAST			FIRST		MIDDLE		LAST	
	Roscoe		Davis			oberta	a		J	ohn	son
	VAS DECEASED EVER IN L	VES. GIVE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMA			ADDRESS			
UN	KNOWN		N/A		Rober	ta L.	Davis	2207	Ruski		AATE INTERVAL INSET AND DEATH
CERTIFICATION	Conditions, if any, wh gave rise to immedi- couse (a), stating	ich obe the the DUE TO, OI of the Conditions Co	R AS A CONSEQUE R AS A CONSEQUE AUTO 1 M ONTRIBUTING TO E MITON FOR WHICH	NCE OF WALL	19/ €	the a	200 AUTOI	PSY? 20h	ON GIVEN IN PA	INDIN	GS USED
C. R.	21a. ACCIDENT WAS UNDERLY			W WEAR	21c HOW IN	JURY OCCUR	RED (ENTERNATE	URE OF INJURY IN I	TEM IS PART I OR PA	ART 2)	
	OR CONTRIBUTING CAUS		M. MONTH DA M.	Y YEAR							
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATIO STREET	N		CITY OR TOWN	COUP	41A	STATE
	22a. I certify that (I) (this sow the deceased a above, (I) (we) (did) 27b. SIGNATURE	is hospital) attended the live on 17 13 (did not) view the body		-	nd that in my	(our) opinion	death occurred	on the date o	nd hour and fro	,	
	17/1	Stully	6)/	MA		TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	X	12	113/93
	M. Thu	re/ke/a	1		600 A	(. WOL	FE St	Bak	Timore	M	1),21205
23a E	BURIAL CREMATION, REA				EMETERY OR		201	RTOWN	COUNTY		STATE
	BUKIAL UNERAL DIRECTOR	12/2	0/83 Md	. Nat	tional		,	urel.	REGISTRAR'S SI	CNIAT	Md.
Wn	NAME	F/H Inc.	ADDRESS	Nort!	A	וח	EG 1.5	1983	SINAK S SI	2	Zeris 4
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DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

	4.3
EPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEA	ATH

REG. NO 20. DATE OF DEATH 26 HOUR MIDDLE YEAR 10 11

MD.

lost

FOR - STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

FIRST

injury, or other troumofic TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendit should be detached for use as the burial-transit permit. Then please remove conwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or shows ony

OR ATTENDING PHYSICIAN: The IMPORTANT: If Hem 21 is morked or Item 18 etoined by the hospitol BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

I	(TYPE	OR PRINT) HERE	BERT	D	ANSON		11 2	1983	3
I	3. SE X	1	4 RACE	5. DATE OF BI	6/ 1928	6. AGE (IN YEARS LAST BIRT		DAYS DAYS	HOURS /
	7a BIR	ORTH CAROLINA	Back	WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	nore	city	
	-	Baltimore	11. NAME OF HOSPITAL, NURSIN	SING H	UNP JONC	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		176. KIND O INDUSTRY	F BUSINES
7	130. S	ARUAND 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 134 CITY OR TOWN	0) 4 YE		13e. STREET ADDRESS	ark t	1927	3 Av
	1		AIDDLE LAST	· /	MOTHER'S MAIDEN NA	MIDDIE		LAS	T
	{Y	(AS DECEASED EVER IN U.S. AR/ es, no or unknown) (IF yes, give	WAR OR DATES)	3557 ,	INFORMANT	ADDRE	55		MATE INTERVA
		PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	y one couse per line for (o), (b), one DBY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	INCE OF	LING CA	NCER	DITION GIVE	NETWEEN'S	MO
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDING CAUSES	IGS USED
		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	YEAR 19		RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
-	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	LOCATION	CITY OR TOV	VN	COUNTY	STAT
		sow the deceased alive on obove, (1) (and (did not	ol) opended the deceosed from 11.28 19		~	, to	ote and hour	and from the	
		226. SIGNATURE	W	DEG	ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN 🗌	12 i	SIGNED
		22d. PHYSICIAN'S NAME (TYPE OF	VERSON	22	3640 FUN	os une			

230. BURIAL, CREMATION, REMOVAL BURIAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DEC 2 1983

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	La La Contra	DUN.	3-4	1711
2.00 / 1.00	X I I	159	Bet Him	
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ANT HELL			b men	
				3.6

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

retained by the hospital or attending physicia

BP

executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examiner in

12

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	6-088	-

- STATE REGISTRAR	DEI ARI	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIR (TYRE OR PRINT) LLO		DAY SR.	DECEMBER 24, 1983	20 11001
Male Male 10. BIRTHPLACE STATE OR FOREIC COUNTRY)	Black 75. CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH S 19 39 7 8. MARRIED A NEVER MARRIED	9 BALTIMORE CITY OF COUNTY OF	FUNDER I YEAR IF UNDER 24 HRS DNTHS DAYS HOURS MIN.
Marvland 10 CITY OR TOWN OF DEATH Baltimore	U.S.A. 11. NAME OF HOSPITAL, NURS (IF NOT INSUCH EACILITY, GIVE STREE Maryland General	WIDOWED DIVORCED DIVO		12b. KIND OF BUSINESS OF INDUSTRY
	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFO COUNTY 130. CITY OR TO Balti MIDDLE LAST	more YES NO 15. MOTHER'S MAIDEN	525 Hoffman S	treet 21201
160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	S. ARMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17. INFORMANT	e McLain 1723 As	
	DUE TO, OR AS A CONSEOL		TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 110
190 DATE OF OPERATION December 8,1 210. ACCIDENT WAS UNDERLYI		H OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE [IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE	OF DEATH 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18. PAR	had had
220. I certify that (IK this sow the deceased of obove, IK we) (did) ((O) CO	ATTENDIN PHYSICIA	MEDICAL STAFF DIRECTOR PHYSICIAN	and from the couses stoted
23a BURIAL, CREMATION, REM		NAME OF CEMETERY OR CREMATO	lland General Hospital Ry 23d LOCATION Park Raing 1 stown	

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm "March F/H Inc. 110 Porth Ave. DEC 2 7 1983

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25/213		La silve Sta	
4 / V	rinn frat i repital	.0.	down D. Pierce. M

STATE OF MARYLAND

	CEASED NAME	FIRST	A	MIDDLE	U	ST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYP)	E OR PRINT)	LORENZ	7.0	Leo	DE	CATUR	DECEMBER	8 6	1983	9:00 %
3 SE	X		RACE	116	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
	mala		No	650	MONTH	- 1 - 28		5 YRS	MONTHS DATS	HOURS MIN.
7a. B	IRTHPLACE (STATE	OR FOREIGN 76		WHAT COUNTRY?	8.		D BALTIMORE CITY			
	COUNTRY)		·7/. c	6	WIDOWE	NEVER MARRIED DIVORCED		ORE	CTTY	AAC
10. C	ITY OR TOWN OF	DEATH 11	I. NAME OF H	HOSPITAL, NURSIN	NG HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
B	ALTIMOR	- X		HEACILITY, GIVE STREET		C HOCDIMAT	THE OF WORK FOR MOST	OF WORKING		ben Co
USU	AL RESIDENCE IN	URSING HOME DROT	HER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)		Trach Dr			DEN CO
130	NOd.	MPCORNIA	Y	13c CITY OR TOW	pre	134 INSIDE CITY LIMITS?	130. STREET ADDRESS			92
14 F	ATHER'S NAME			Novalle (15)	0,0	15. MOTHER'S MAIDEN N	TO CONTRACT	7.00	01/5	500
	FIRST	-	DDLE	Decatu		IT III	MIDDLE		1200	ST A.A. a. a.t
16a \	WAS DECEASED EV		ED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS	JI'de	CGDN
t	YES, NO OR UNKNOWN)		PAN	210. 22.1	101	Mysetilia	Decatura	1221	E. Cline	P.S.
_				011-01-0	/20	MANA GLETTA.	Jula Cara	1300		CIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED	one couse per BY:	line for (a), (b), on	_				BETWEEN	ONSET AND DEATH
	1,1,0	IMMEDIATE	CAUSE (a)	cardia	C 01	621				
	1411									
	Conditions, if a		(h)	2001,00	11000 11	111111111111111111111111111111111111				
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE					okoumon i a				
	couse (o), ste	oting the	DUE TO, OF	R AS A CONSEQU	ENCE OF		A 4			
	couse (a), sto underlying co	oting the use lost.	((c)	R AS A CONSEQU	ENCE OF	cell carc	inomo of to			
N	couse (0), sti underlying co	oting the luse lost.	((c)	R AS A CONSEQU	ENCE OF	cell carc	A 4		GIVEN IN PART 1	o
ATION	PART 2. OTHER S	oting the lost. IGNIFICANT CO	(c)	R AS A CONSEQUE	ENCE OF DEATH BUT	COLL CATC	inoma of to	NDIMON C		
IFICATION	PART 2. OTHER S	oting the use lost. IGNIFICANT CO	NDITIONS CO	R AS A CONSEQUE	ENCE OF DEATH BUT	cell carc	MOMES OF TO	20b IF Y	YES, WERE FINDI	NGS USED S OF DEATH?
ERTIFICATION	PART 2. OTHER S 19a DATE OF OPE	IGNIFICANT CO	NDITIONS CO	R AS A CONSEQUE SCHOOL TO	ENCE OF DEATH BUT	NOT RELATED TO THE TEL	MINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b IF) IN CER	YES, WERE FINDI TIFYING CAUSE YES []	NGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)

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executed within 24 hours after death. Page 4 may be

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physion and should be detached for use as the busial-stansis permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT; If Hem 21 is marked or Item 18 thouse a city injury, or other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be

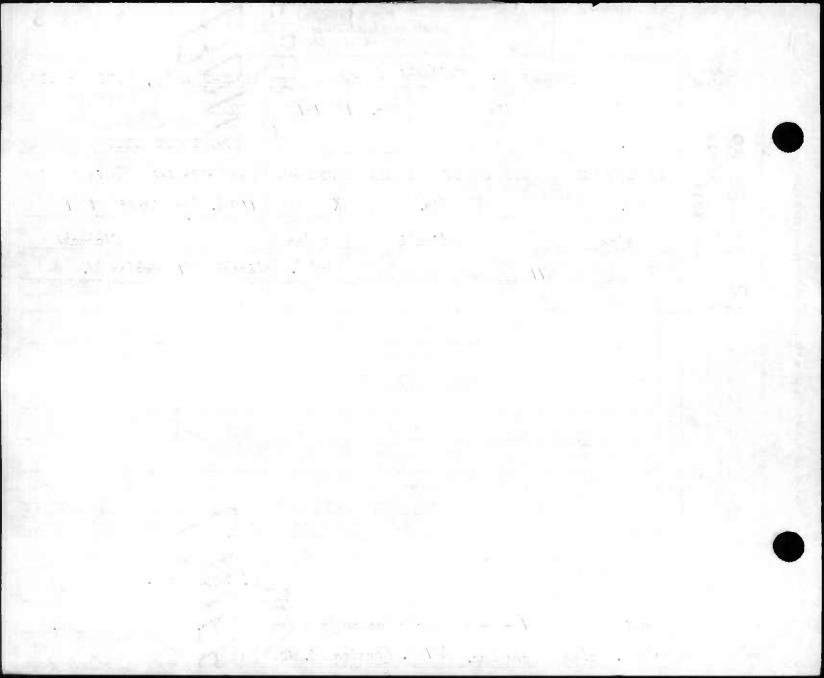
etained by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

and no	REGISTRAR		CER	THICKIE OF PEATIT	REG. NO.					
	CEASED NAME FIRST		IDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
TIME	OR PRINT) THO	MAS W.	Delinski	DOLAN	DECEMBER 25	1983 11:35				
3. SE)		4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
	Male	White	De.	ONTH 194 1913	70	MONTHS BAYS HOURS MIN.				
70. BII	RTHPLACE STATE OR FOREIGN		HAT COUNTRY? 8.	_ A	9 BALTIMORE CITY OR COU	RS. INTY OF DEATH				
. 6	OUNTRY)	1154	MAI	RRIED NEVER MARRIED	BALTIMORE	CITY				
0 (1)	TY OR TOWN OF DEATH	0.0.1		WE OR OTHER INSTITUTION	12a USUAL OCCUPATION	121. KIND OF BUSINESS OR				
19	BALTIMORE	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS		Projectionist	NG LIFE! INDUSTRY				
	L RESIDENCE 11 NURSING HOME O				Projectionis	Movie theater				
	TATE 136 COU	NTY	13c. GITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP C	Erect 21231				
FA	THER'S NAME FIRST	WIDDLE	TZAL	15. MOTHER'S MAIDEN NA	ME	LAST				
	Peter	Model	Delinski	Helen	MIDDEL	Mickucki				
	AS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY N	O. IT. INFORMANT	ADDRESS					
12	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		215-03-163	o Edward (. De	elinski 2612 1	? Ambler Rd.				
ñ	IS CAUSE OF DEATH (Enter o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
ì	PART I. DEATH WAS CAUS	ED BY:		MANUEL ARREST		BETWEEN ONSET AND DEATH				
	I LILL MANEDIA	TE CAUSE (a)	CARDIO - PUL	MONARY ARREST						
	7/77	DUE TO, OR	AS A CONSEQUENCE C)F						
. 1	Conditions, if ony, which	(16)	CAROVAC	ISCHEMIA						
	gove rise to immediate couse (a), stating the	}								
	underlying couse lost	DUE TO, OR	AS A CONSEQUENCE C)}						
		(lc)								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra-									
	19a DATE OF OPERATION	IN CONDIT	ION FOR WILLIAM OREN	ATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED				
	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
					YES NO					
	210. ACCIDENT WAS UNDERLYING		INJURY A. MONTH DAY YE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	N 18 PART 1 OR PART 2)				
1	OR CONTRIBUTING CAUSE OF DE	AIII		19						
	214 INJURY OCCURRED	21e. PLACE O		211. LOCATION						
	WHILE NOT WHILE		ET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY STATE				
	AF WORK AT WORK		•	1100 100	4. (2)	5-3				
	22a I certify that (I) (this hosp	1 -	(-)	10.5 19		, 19, that (I) (we) las				
	sow the deceased alive a above, (1) (we) (did) (did n	ot) view the body o	olter death.	, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated				
	22h. SIGNATURE			DEGREE		22c. DATE SIGNED				
	C. William	v Bribe		M.O ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/25/82				
	224. PHYSICIAN'S NAME 11YPE	OR PRINT]		22e ADDRESS		7.44.700				
C. WILLIAM BALKE JOHNS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS						10 mo 21205				
e B	URIAL, CREMATION, REMOVA		1234 NAME (OF CEMETERY OR CREMATORY	Izad LOCATION					
	Burial	12-20-			CITY OR TOWN	COUNTY				
_		12-29-0	DJ MOLY!	Rosary Cemetery		l'id.				
	INERAL DIRECTOR		ADDRESS C		TE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE				
Je	hn M. Weber &	Sons Inc	c. 401 J. (Chester St. DEC	30 1983 2	0000				



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ATTENDIR

FOR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR DECEASED NAME 20. DATE OF DEATH PIRST 2b. HOUR (TYPE OR PRINT) B. Anne Dice 20 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 06 25 Female White 77 To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED South Carolina USA Baltimore City WIDOWERXX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospitals Waitress Restaurant USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. 258 Baltimore Ave 21222 Md. Dundalk NOXX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME E. Jonah DuRant Alef King Bourne ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 248-24-6419 Grace Bender APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPAY IN CERTIFYING CAUSES OF DEATH? NO [YES [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (by) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 73b DATE STATE Burial 12-23-83 Glen Haven Glen Burnie 24 FUNERAL DIRECTOR 7922 Wise Ave BECE

Inc

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

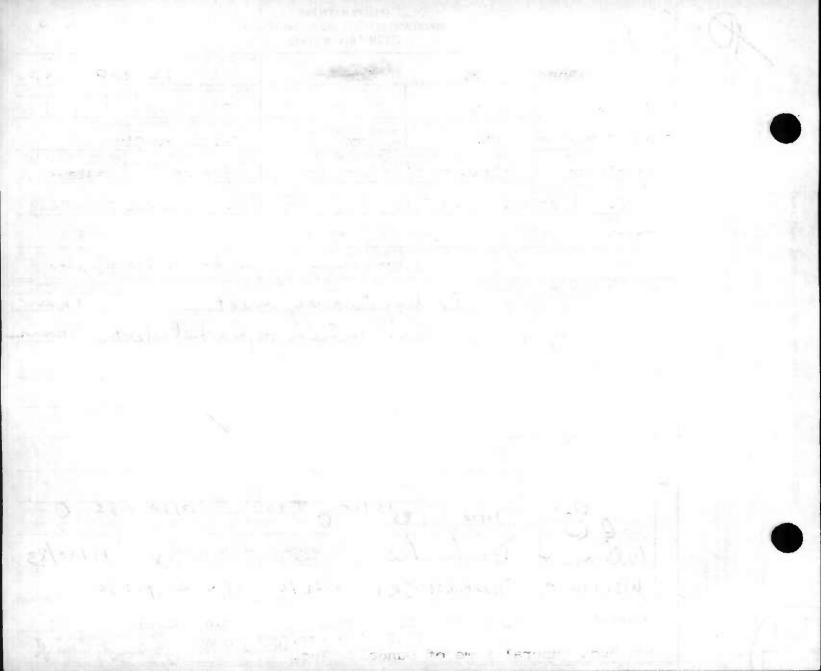
TO FUNERAL DIRECTOR:

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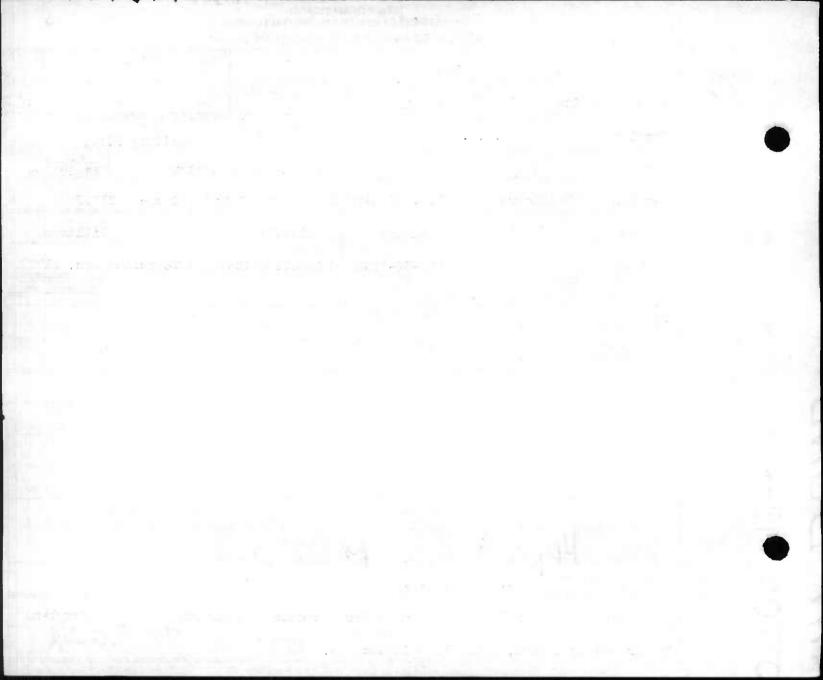
Duda-Ruck Funeral Home of Dundalk,



DEPARTMENT OF HEALTH AND MENTAL HYGIENES 3 2 3 2 5

XI	FOR STATE REGISTRAR		WEL	DICAL EXAMIN		TIFICATE O	FDEATH	REG. NO.		
) in	ECEASED NA	TIM	OTHY	Lyn	DIO	KENS	DEATH M	ATED 12-8	B-83 ₁₉	2b. HOUR
3. SE	ale	White	5. DATE OF BIRTH			DAYS HOURS	MIN PRONOUNCE DEAD	12-8	8=83 19	3:45
5 M	BIRTHPLACE OREIGN COUNTR larylar	d	U.S.A.		WIDOWED		ED Bal	timore C	itv	MD
GL.	Baltimo		South Ba	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) LTIMORE GER	neral Ho		for MOST OF WORKING Operato	TION (TYPE OF WORK G LIFE)	Mary lan Paper	USINESS TRY Box
13a M	lary1ar	d Balt	ir other institution, GIV TY imore	E RESIDENCE BEFORE ADMISS 130. CITY OR TOWN Balto. Hig	ghlands _{ye}		82 Twin C	ircle 2	21227	
20	Gary	MĒ	WIDDLE	Dickens	3	Mother's Maide Michele	MIDDI		Filliau	x
	WAS DECEA YES, NO, OR UNIX NO		WED FORCES? WAR OR DATES)	215-86-7		NFORMANT Lichele W	hite 2853	ADDRESS Tennesse	e Ave. 2	1227
	18 CAUSE PART I	OF DEATH (Enter on DEATH WAS CAUSEI	2 81/	far (a), (b), and (c).)					APPROXIMA BETWEEN ONS	
OR REMOVA		tians, if any, which		AS A CONSEQUENCE	OF					
	couse	(a) stating the <u>under</u> cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
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WEDI	21d. INJUR	Y OCCURRED NOT WHILE X	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.) NOME	21f. LOCATI 82 TV		e Way CITY OR TOWN	Baltimore	e, Maryl	and ATE
3		22a Leertify that I taok charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my apinion								
<u>J</u>	ACTUAL SIGNATUR								5	
9	EXAMINER (TYPE OR F	S NAME Thom	as D. Smi	th, M.D.	ADD	111 F	Penn Street			
23a.	BURIAL, CREA	MATION, REMOVAL 2	3b DATE 12/12/83	23c. NAME OF CE	METERY OR CR		23d. LOCATION CITY OR TOWN Baltimore	COU	Maryj	land
	FUNERAL DIF	ECTOR	ADDRESS		1229	25e. DATE		REGISTRAR'S	CONTRACTOR OF THE PARTY OF THE	

20M 4/82



hours ofter death. Page 4 may be

ompletely filled in by the funeral director, page 2 should be filed within 72 hours after de

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and comshould be detached for use as the burial-transit permit. Then please remove corbanappers. Pages, Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

2	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MEN ICATE OF DEA	ITAL HYG	REG. NO	3	2 3	21	
		CEASED NAME FIRST	MIDDLE	i	AST		2a. DATE OF DEATH		DAY YEAR	26 HOUR	
- 0	(TYPE	ROS	E	D	ICKLER			12	27 83	9:45 AM	
	J. SE		4. RACE	5. DATE C		97	6. AGE (IN YEARS LAST BIRT	'HDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS	
_		FEMALE	WHITE	MONTH	3 05	98	86 \$	5 YRS	MONTHS! DAYS	HOURS MIN.	
11	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MAR		9 BALTIMORE CITY O		Y OF DEATH		
6/		RUSSIA	USA	WIDOWE		CED	BALT	10707	ECITY	MD	
2		BALTIMORE	2/1-1/4	ING HOME C ET ADDRESS SPITAL	OR OTHER INSTITU	TION	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF HOUSEWIFE	ON	126 KIND C	OF BUSINESS OR	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c, CITY OR TO BALTIMO	ORE ADMISSION) WN ORE	13d. INSIDE CITY	LIMITS?	3812 FORDS	LA.,	, APT. 1	102 #2121	
	14. FA	ATHER'S NAME LOUIS	MIDDLE SHAPIR	RO	15. MOTHER'S MA	RSHA	AE MIDDLE		UNKŇČ	SWN .	
шедісо	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR. DANNY DICKLER 216-32-9477A 40 PENNY LANE BALTO MD							2120	00		
lury, or other traumotic event, m	NO	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) PESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- AS CUD								min	
No Smous	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORM							WERE FINDINGS USED NG CAUSES OF DEATH?	
0		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
med or med	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
ORTANT: If them 21 is morked		278. I certify that (I) this haspital attended the deceased from 12/26 19 83, to 12/27 19 83 sow the deceased glive an 12/27 19 83, and that in (my) our) applied live on the date and hour and for above (I) the old (I) did not) view the body after death. 278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF							ur and from the		
Z		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		DIRECTOR PHYSIC	1	()	0/100	
Ž	-		MARCIZ JR		SINY			BALTI	MORE		
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DEC.29,1983	SHAARE:	EMETERY OR CREA		23d. LOCATION BALTIN		COUNMAR		
82	24 FU	UNERALDIRECTOR SOL I	EVINSON & BROS.	*	21215	250. DATE	C 3 0 1983	256. REGIS	TRAR'S SIGNAT	Comil	

William was Or was said. 7032,00

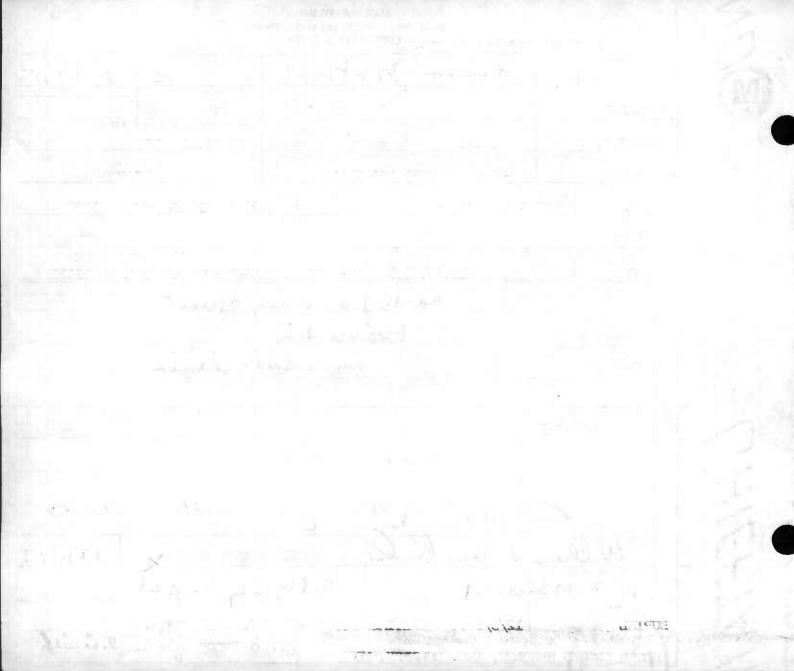
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		net 1		Di	etrich	26. DATE OF DEATH	121	83	12 27 A
3. SE	×	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY)		IF UNDER 24 HRS
1	FEMALE	WHITE	C	7	23 1897	86	YRS.	DATA	MIN.
		76. CITIZEN O	F WHAT COUNTRY?	8.	ED T NEVER MARRIED T	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
		U.5	S.A.			BALTIMORE	CITY,	MD	MD.
		(IF NOT IN S	UCH FACILITY, GIVE STREET	AODRESS)			F WORKING LIFE	INDUSTRY	F BUSINESS OR
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	underlying cause lost.	1	OR AS A CONSEGUI	ENCEOF	myo can de	1 schem	-		
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7 5	210. ACCIDENT WAS UNDERLYING		OF INJURY	AV YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PAI	RT I OR PART 2)	
K		CAIN	P.M. NO.	NKIS	NONE				
DE L	21d. INJURY OCCURRED			ARM ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
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	220.1 certify that (1) (thu has	pital) attended		0.	30 19 83		. 1	9 83.	tha (II) we) last
	saw the deceased alive a abave, (1) (we) (did) (did	not) view the boo		83.0	and that in (my) (auc) apinion	death accurred an the de	ate and haur	and from the	causes stated
	226 SIGNATURE	4 7		1)	DEGREE			22c. DATE	SIGNED
	Willean	nAi	Donla	La	ATTENDING PHYSICIAN			17	-1183
					220 ADDRESS		. 0		
-	M. DOM!	520WS	K	51. 1	Balto (city Hos	5 fol		
23a. I	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. I	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		12/5/	/1983 BA	LTIMO	ORE NATIONAL C		MORE	COUNT	MD
2.4	UNERAL DIRECTOR				PSe DAT	E REC'D. BY REGISTRAR	OF DECISION	ADD CHOOSE	nipe o
	To BAN 10. CERTIFICATION MEDICAL CERTIFICATION (1997)	1. DECEASED NAME (TYPE OR PRINT) 3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALITIMORE, MD 10. CITY OR TOWN OF DEATH BALITIMORE USUAL RESIDENCE (IF NURSING HOME) 130. STATE MARYLAND 14. FATHER'S NAME FIRST JOHN 160. WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) 18. CAUSE OF DEATH IENTER PART I. DEATH WAS CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION WHILE AT WORK 21d. INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH AT WORK 21d. INJURY OCCURRED 22d. I certify that (I) thy hos saw the deceased drive obave, (I) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP) 230. BURIAL, CREMATION, REMOVA (SPECIFY) BURTAL	TO STATE REGISTRAR MARGARET MOLOR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE FEMALE 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALITIMORE, MD 10. CITY OR TOWN OF DEATH 11. NAME (IF NOT THE BALITIMORE) BALITIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE MARYLAND 14. FATHER'S NAME FIRST JOHN 16. WAS DECEASED EVER IN U.S. ARMED FORCES' (YES. NO DE UNKNOWN) 17. CAUSE OF DEATH (Enter only one cause p PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause p PART 1. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (BOTTOM DUE TO. Canditions, if any, which gove rise to immediate cause [a], stating the underlying cause lost. 196. DATE OF OPERATION 196. DATE OF OPERATION 197. DATE OF OPERATION 198. CON 216. ACCIDENT WAS UNDERLYING DUE TO. (C) PART 2 OTHER SIGNIFICANT CONDITIONS. 216. INJURY OCCURRED WHILE OF OPERATION 198. CON 216. I Certify that (1) (the hospital) attended say the deceased drive an obove, (1) (we) (did) (did not) view the box 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAL 226. BURIAL, CREMATION, REMOVAL (236. BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAL	STATE REGISTRAR MARGARET MOLORIA DIETRIC 1. DECEASED NAME (TYPE OF PRINT) 3. SEX 4. RACE WHITE 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTIMORE, MD 10. CITY OR TOWN OF DEATH BALTIMORE DUSUAL RESIDENCE (IF NURSING HOMS-OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136. STATE MIDORE 14. FATHER'S NAME (IF NOT IN SUCH PACILITY, GIVE STREET MIDORE 15. COUNTRY MARYLAND 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF NESS NO OR UNKNOWN) 16. CAUSE OF DEATH Enter only one cause per line for (a), (b), on PART 1. DEATH WAS CAUSED BY: 16. CAUSE OF DEATH Enter only one cause per line for (a), (b), on PART 1. DEATH WAS CAUSED BY: 16. CAUSE OF DEATH Enter only one cause per line for (a), (b), on PART 1. DEATH WAS CAUSED BY: 17. DUE TO, OR AS A CONSEQUE Conditions, if any, which gove rise to immediate cause lost. 18. 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CAUSE OF DEATH IEnter only one cause per line for (a), (b), and icc), PART I DEATH WAS CAUSED BY. MARPLIAND 18. CAUSE OF DEATH IEnter only one cause per line for (a), (b), and icc), PART I DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), storing the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 196. DATE OF OPERATION 196. CONTRIBUTING TO DEATH BU 196. DATE OF OPERATION 197. CONTRIBUTING TO DEATH BU 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 217. INJURY OCCURRED 218. PLACE OF INJURY (IN HOME, SIREEL, FACTORY, OFFICE, FARM, ETC.) AND AD ALL 220. BURIAL, CREMATION, REMOVAL 220. BURIAL, CREMATION, REMOVAL 221. DATE 122/5/1983 BALITIMO 223. BURIAL, CREMATION, REMOVAL 225. SIGNATURE 226. NAME OF BALITIMO 226. NAME OF BALITIMO 226. NAME OF BALITIMO 227. NAME OF BALITIMO 228. NAME OF BALITIMO 129. DATE 120. NAME OF BALITIMO 120. NAME OF BALITIMO 120. NAME OF BALITIMO 120. NAME OF BALITIMO 120. NAME OF 121. NAME OF 122. NAME OF 123. NAME OF 123. NAME OF 124. NAME OF 125. NAME OF 126. NAME OF 127. NAM	SISTER REGISTAR MARGARET MOLORIA DIETRICH CERTIFICATE OF DEATH 1. DECEASED NAME (1974 COR PRINCI) 1. DATE OF OF BRITH 7. 23 1897 7. 24	FOR STATE CONTROL TO THE RECISTRAN MARCARET MOLORTA DIETRICH CERTIFICATE OF DEATH REGISTRAN MARCARET MOLORTA DIETRICH CERTIFICATE OF DEATH VIA ACCE FEMALE I. RACE S. DATE OF BRITH VIA ARRIED DIEVER MARRIED DIEVER MARRIED DIEVER MARRIED DIETRICH CONTROL REGISTRAN MARCARET MOLORTA 1. RACE S. DATE OF BRITH VIA ARRIED DIEVER MARRIED DIEVER MARRIED DIEVER MARRIED BALTITMORE BALTITMORE BALTITMORE BALTITMORE BALTITMORE DIETRI LIS STREET ADDRESS TOOL NAME JOHN JOHN JOHN JOHN MARYLAND BALTITMORE DIETRI ANNA JOHN ANNA JOHN ANNA JOHN JOH	FOR STATE MARCIARDY MOLORIA DIFFRICATE OF HEALTH AND MENTAL HYGENE REGISTRAR MARCIARDY MOLORIA DIFFRICATE OF DEATH REGISTRAR MARCIARDY DIFFRICATE OF DEATH REGISTRAR MARCIARDY DIFFRICATE OF DEATH REGISTRAR MOLORIA DIFFRICATE OF DEATH REGISTRAR MARCIARDY DIFFRICATE OF DEATH REGISTRAR MOLORIA DIFFRICATE DIFFRICATE OF DEATH REGISTRAR MOLORIA DIFFRICATE OF DEATH MARCIARDY DIFFRICATION DIFFRICATE DIFFRICATION DIFFRICATE DIFFRICATION DIFFRICATE DIFFRICATION DIFFRICATE DIFFRICATION DI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE S

DHMH - 16 50M 4/B2

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(VRA 15, 4)

WALTER BROOKS BRADLEY, INC.



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. by the funeral director, page 3 iled within 72 hours after death

filled in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complete should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 with the State Dept. at Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, or other troumotic event, the medica

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MEI			REG. NO.		
	CEASED NAME	FIRST	A	MIDDLE	L.	AST		20. DATE OF DI	HTA MONTH	DAY YEAR	2b. HOUR
(1455	OR PRINT)	LILL	IAN	Н.	DIV	ER		Dec	16,19	183	6:00 M
3. SE	X		4. RACE		5. DATE C			6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White	9	June		96	87	YI	RS. DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.			D NEVER MAR	PIED T	9. BALTIMORE	CITY OR COU	NTY OF DEATH	
	MD		US	SA	WIDOWE		-	Baltin	nore C	ity	MD.
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIF		R OTHER INSTITU	ITION	120. USUAL OC	CUPATION OR MOST OF WORKI	126. KIND (OF BUSINESS OR
	Baltimore	2			Stre	et			emake	-	Home
	AL RESIDENCE (IF NUR	SING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR		13d. INSIDE CITY	LIMITS? 1	13e. STREET AD	DRESS		
	MD			Baltime		YES N				ul St.	21218
14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S M			AIDDLE	LA	
Henry Helldorfer						Ani			MIDDEE	Butler	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	URITY NO.	17. INFORMANT			ADDRESS		
	No	(IF TES, GI	E WAR OR DATES!	217 34	4248	Mrs.	Harrie	ett D.	Smith	. TN	
CERTIFICATION	PART I. DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A (or course to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS IN CONDITIONS CONTRIBUTIONS CO			RAS A CONSEOU PATERIAL RAS A CONSEOU DITRIBUTING TO MION FOR WHICH	ENCE OF DEATH BUT	N WAS PERFORM	THE TERMIN	NAL DISEASE COME CONTRACTOR CONTR	OR CONDITION WY? 206. II	GIVEN IN PART 11 FYES, WERE FINDI RTIFYING CAUSES YES	NGS USED
	210. ACCIDENT WAS UN	_	110.10	OF INJURY L.M. MONTH DAY YEAR 21c. HOW INJURY OCCURI			RY OCCURRE	ED (ENTER NATUR	E OF INJURY IN ITEA	A 18 PART I ORPART 2)	
MEDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	RED				21f. LOCATION STREET			ITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this haspital attended the deceased from \$1.9 \tag{9}, 19 \tag{9}, 10 \tag{9} \tag{9}, 10 \tag{9} \tag{9}, 10 \tag{9} \tag{9} \tag{9}, 10 \tag{9} \ta								that (1) (10) lost couses stated		
	274 PHYSICIAN'S N	0/				22e. ADDRESS		158		/	1
	Dr. Geo					600 Li				, MD	
	Burial, CREMATION, SPECIFY) Burial	, REMOVAL	23b. DATE 12/1		Parkv	emetery or cre vood	MATORY	23d. LOCATION Bal	TOWN	COUNTY	MD STATE
	UNERAL DIRECTOR		W. Je	enkins 8 to., MD	Son		250. DATE			distrar's signa	
4	1905 York	Kos	a Ball	to., ML	, 2	1212		0 1	0		

DHMH - 16 50M 4/82 (VRA 15, 4)

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			ed Polto, MB a	

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	death.
	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after @
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OR	exec
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	offic office
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5		FOR - STATE	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 3	2 3 3 0
-) /	-	REGISTRAR		LAST	REG. NO.	DAY YEAR 125 HOLIP
3 /ng.		DECEASED NAME TIRST (TYPE OR PRINT)	-E E,	DIXON	20 DATE OF DEATH MONTH	12 83 5:10 E
		MALE MALE		ATE OF BIRTH AONTH DAY YEAR 12 32 /4	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	5///	COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
he fur		Roxboro, N. C.	11. NAME OF HOSPITAL, NURSING HO		Baltimore Cit 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
haurs of d in by t	34 1	Baltimore USUAL RESIDENCE (IF NURSING HOME	Bon Secours Hospit	ial SION)	Construction Wo	rker
in 24 h	20	Maryland 136 CO	Baltimore	13d. INSIDE CITY LIMITS? YES NO X	Baltimore, Md.	DE 3429 W. Caton 21229 Avenu
MARYLAND ed within 24 mpletely filled	3	FATHER'S NAME FIRST John	E. Dixon	15. MOTHER'S MAIDEN NA FIRST Ida	MIDDLE	Hester
BALTIMORE,	Podico	(YES, NO OR UNKNOWN) (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES) 166 SOCIAL SECURITY N 242-09-2209		3429 W. Acaton Baltimore, Mar	
that the death certifications of a by the attending pease remove corbon of cremation or certifications.	other traumatic ev	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b). DUE TO, OR AS A CONSEQUENCE (c)	N/A	INDMA OF LUN	5 / 1
S Police	y. o.		T CONDITIONS CONTRIBUTING TO DEATH		WINAL DISEASE OR CONDITION OF	
e law reinnas been permit. T	ows ony in	PRUB 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPER	1 1 1 - 21 1 12	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
CIAN: The	100	OR CONTRIBUTION CALLES OF	DEATH HOUR A.M. MONTH DAY Y	EAR	RRED (ENTER MATURE OF INJURY IN ITEM I	
G PHYSI of PHYSI of this certified the conditional con	- 4	OR CONTINUENT ACTION AC	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET	211. LOCATION	CITY OR TOWN	COUNTY STATE
00 000	21 is mork	22a I certify that (I) (this saw the deceased alive	on 12-11 19 \$ 3	_, and that in (my) (a) opinion	death accurred on the date and h	our and from the causes stated
OR A he has DiREC	# Hem	226. SIGNATURE	- Jauma	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-12-83
O HOSPITAL OF	MPORTAN	WILLIAM R	LAW, MD.	220 ADDRESS 2000 BA	W. BALTIMUR	E 51 21223
5.6 ++	31	238. BURIAL, CREMATION, REMOV.	-1	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	-	Burial FUNERAL DIRECTOR NUTTE		Memorial Park	Bal TE REC'D BY REGISTRAN 25 GG C 1 3 1983	timore, Maryland
DHMH - 16 50M	4/83		. Pkwy. Baltimore,	P Latte	1: 1 3 1002	0 130

TANGE TO THE SELECTION OF THE SELECTION

FOR - STATE executed within 24 hours often

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	REGISTRAR		CERTIFICATE OF DE	MIII	REG. NO).		
	OR PRINT	MIDDLE	Doldinger	20	DATE OF DEATH	MONTH DAY		26 HOUR
	HOLD	Louise DO	ldinger		December		.983	345 Pm
3, SE		4. RACE	5. DATE OF BIRTH	AE WD	AGE (IN YEARS LAST BIRT	HDAY] IF U	_	IF UNDER 24 HRS HOURS MIN.
2	remove	white	Feb. 21,	1935	78	YRS.		
E BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	RRIED -	BALTIMORE CITY O	_	DEATH	
D	Dylad .	OSA		RCED	Dolt	200	4	MD.
D	TY OR FOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE			TYPE CANDOL FOR MOST OF			BUSINESS OR
	20mas	University	of Marila		Register			ing Home
	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE CONTY Anne 134. CITY OR, TO	ORE ADMISSION) WN . 13d INSIDE CIT	LIMITS? 13	e STREET ADDRESS /	ZIP.CODE	(2	21108)
M	aryland Arur	ndel Miller		100	564 M	lillsh	PE I)(·
MFA	THER'S NAME	MIDDLE LAST	15 MOTHER'S A	AAIDEN NAME	WIDDLE		LAST	
	Joseph	D'Amico		onette		1	ma)	2210
	VAS DECEASED EVER IN U.S. AR			-	band) ADDRE	SS		
4		V/A 110.28	.3645 Mr. M	arcel	H. Doldi.	nger (same	as #13)
		nly ane cause per line for (a), (b), o	and (c).)				APPROXIM BETWEEN OF	ATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (a) ROSP	istory an	731				
	1627	DUE TO, OR AS A CONSEQ	LIENCE OF					
	Conditions, if ony, which	(ib)	Lung	(ar	ncer			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	LIENCE OF					
	underlying cause last.	(6)	otive of		9			
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINA	AL DISEASE OR CONT	OITION GIVEN	IN PART 10	
CERTIFICATION					34			
CAT	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, W		
TIF								NO 🗌
	210. ACCIDENT WAS UNDERLYING	THE PART OF THE PA	DAY YEAR	JRY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART	T OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DEA	AIII	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	211 LOCATION STREET	1	CITY OR TO	VN	COUNTY	STATE
2	AT WORK NOT WHILE	The same same same same same same same sam						
	22a. L certify that (I) (this hospi	ital) attended the deceased from	11/27	19 83	, to [2/14	, 19.	83 1	nat (I) (we) last
	sow the deceased drive on	at) view the body after death.	83_, and that in (my) (c	opinion dec	ath occurred on the do	ite and hour or		
	224 SIGNATURE /)	DEGREE				22 DAVES	IGNED
	alloan	Smulme			MEDICAL STAF		11/14	1183
	224 PHYSICIAN'S NAME ITYPE	OR MUNT)	22e ADDRESS		-			
	Debooh-	zimemiz	- 22	5.	Green	6		
	BURIAL, CREMATION, REMOVAL	. 236. DATE 236	NAME OF CEMETERY OR CR	EMATORY	23d. LOCATION			
	Buria1	Dec. 17,83 W	oodlawn Cem	eterv	Baltimor		1to C	STATE O. MD
24. FI	UNERAL DIRECTOR	VAN. VII.	-/av-4-31-66-	25 of Parific			R'S SIGNATU	
S	ingleton Fur	neral Home G		DEC	1 9 1983	John	J. C.	help
_~		TETAT TIOTHE O	nullie	14(1)		<i>U</i>	W	A

DHMH - 16 50M 4/83 (VRA 15, 4)

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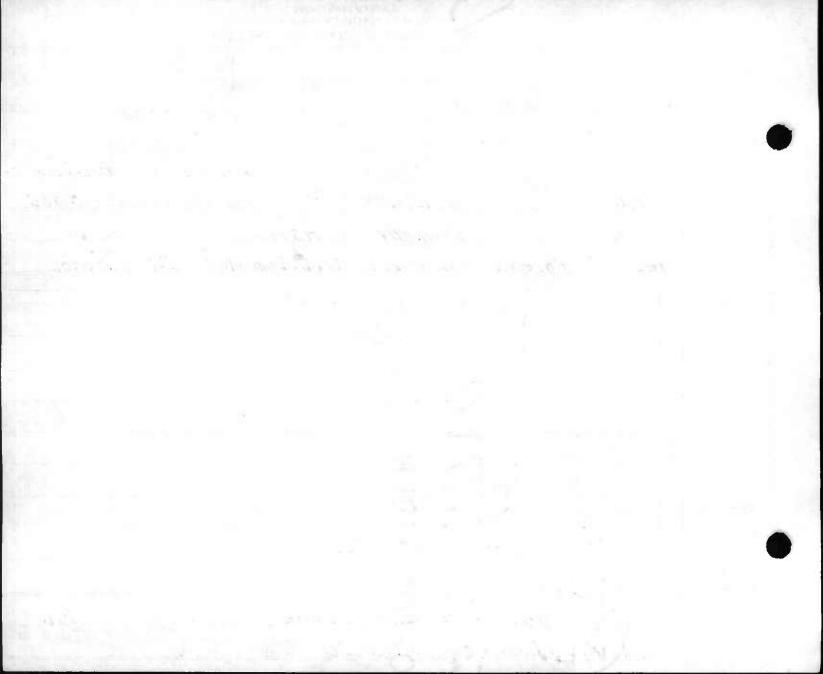
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the buriol-transit permit. Then please remove carbonoppers. Page 1 and 3 should he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT; If Item 21 is morked or Item 18 spaws any injury, ar other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

graduate on the responsibility of the second el de la companya de 2 1-41 (The supplied of the state of Augleson Engral Ho a Clon Lugnio, ma



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be etained by the haspital ar attending physician

and completely filled in by the fur-

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and constructed for use as the burial-transit permit. Then please remove corban-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

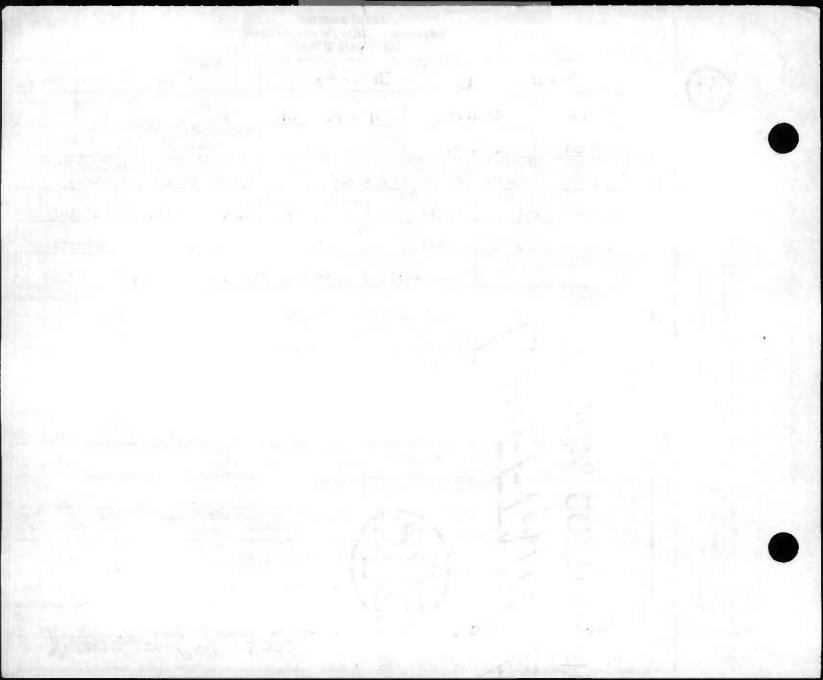
IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar ather traumatic event, the

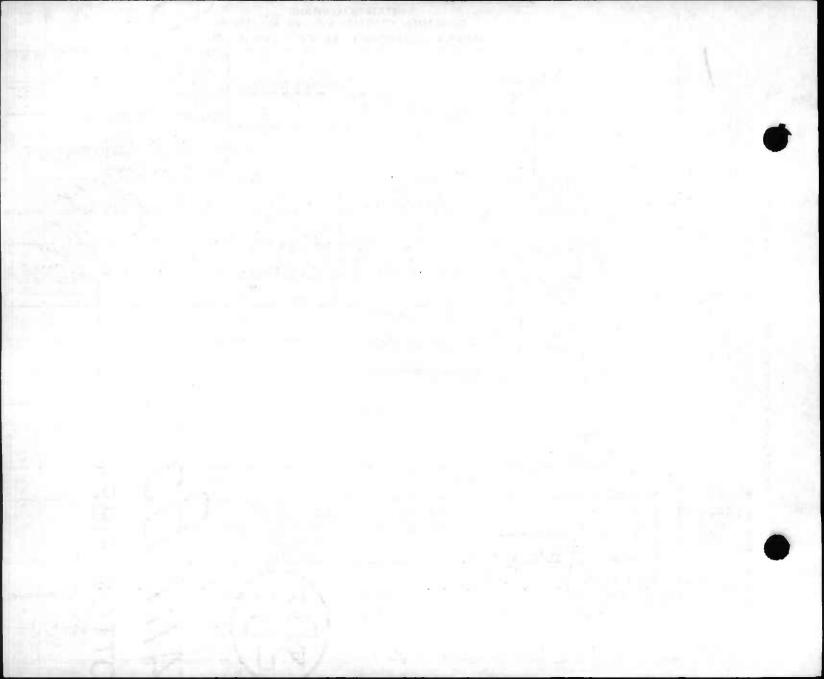
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ot.	REGISTRAR		CERTIFIC	CAIL OF BLATTI	REG. N	0.				
1	DECEASED NAME FIRST HUSH	MIDDLE		DOLEY	20 DATE OF DEATH		11 - 83	26 HOUR		
1		4 RACE	S. DATE O		6. AGE TIN YEARS LAST BIR	12-1	IF UNDER I YEAR	IF UNDER 24 HRS		
1	MALE	WHITE	MONTH	-12-14	69	YRS.	ONTHS DAYS	HOURS MIN.		
1	COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	BALTIMORE CITY O					
1	Maryland	U. S. A.	WIDOWE		Baltin			MD.		
	Batto, Md.	11. NAME OF HOSPITAL, NURSIN LIF NOT INSUCH FACILITY, GIVE STREET	APDRESS)	HOSP -	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Quarry Own	F WORKING LIFE	industry Ston	BUSINESS OR		
1		other institution give residence before ITY 136. CITY OR TOW Delta		YES NO 🔀	13e STREET ADDRESS R.D. 2 Del	Lta, P.	A 173	147		
1	н. Е	dward Doole		15. MOTHER'S MAIDEN NAM FIRST Mary	A.		Robe			
2 1	60 WAS DECEASED EVER IN U.S. ARA 1 YES NO OR UNKNOWN) 1 IF YES GIVE	WAR OR DATES)		17 INFORMANT	ADDRE					
-	Yes WW	2 185-28-0	0113	Marie M Dool	ey R.D. 2 I	Delta,		7314		
	Conditions, if/ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUIDED TO THE TOTAL OF	ENCE OF				EN IN PART 110			
	RTIFIC				YES NO YES NO			OF DEATH?		
9	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED		19	211. LOCATION STREET	D (ENTER NATURE OF INJUI		COUNTY	STATE		
	22a. I certify that Withis haspite saw the deceased alive an above, (I) (wer did) (did not 22b. SIGNATURE	WHILE AT WORK								
	22d. PHYSICIAN'S NAME (TYPE OR	V. PRABAKE	R.	GBOD SHIM	eithn Hosp	TAL,	BATIM	مدة, الم		
2	Burial, CREMATION, REMOVAL			METERY OR CREMATORY idge Cemetery	23d LOCATION CITY OR TOWN	70m Tur	county D. York	STATE		
2	4 FUNERAL DIRECTOR John H. Harkins	ADDRESS		UPC	MC5BYSBSTRAR	ISH REGISTA	ARS SIGNATI			

DHMH - 16 50M 4/82 (VRA 15, 4)



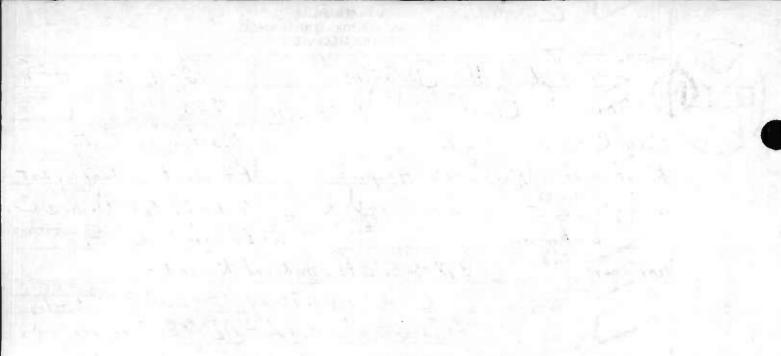


FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

	-KEGDIBAK		CERTIFICATE OF DEATH	REG. NO.	
	ASED NAME PRIST	WIDDLE	Dan - Last	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUI
PAR	Floya	1 RACE	S. BAT OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
The same	Male	Black	9 04 1911	1 72 v	MONTHS DAYS HOURS
711	SIRTHPLACE SHAFF OF HURLON	76. CITIZEN OF WHAT COUNT	RY? 8 Separat		
1	TY OF TOWN OF DEATH	U.S.H.	WIDOWED DIVORCED	- Waltimor	e City
1	Baltimore /	NOT IN SICH FACILITY, GIVE ST		THE DEATH	NG LIFE) INDUSTRY
13a	STATE	ITUTION GIVE RESIDENCE BE	FORE ADMISSIONI INSIDE CITY LIMITS	13. STREET ADDRESS /	E 11999
11	ATHER'S NAME	MRIDLE LAST	Mrs. Doloites	 Douglas/daught 	ter/1303 Sarat
1160		RMED FORCES? [166, SOCIAL S		nenown Ave	e., N.E.
3 4		VE WAR OR DATES) 578-03	5-5633 His medi	eal Kecord-	
nt, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b)	old 10 / 1-1 4 70	Dy JA11 ,2	APPROXIMATE INTERVENIONSET AND E
		TE CAUSE (o)	TRUDLATO.	KY TOIL USK	2 Hh
	Conditions, if ony, which	DUE TO, OR AS A CONSC	OURNCEADE SENIA	ENEMEIV	TIA 10 41
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF DIOM	110/1011	2 000
or oth	underlying cause last	(c)	HLC01	TOLISM	E 20 72
N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED
Z				YES NO	RTIFYING CAUSES OF DEATH
1.0	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		DAY YEAR 216. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		21f. LOCATION		
WE	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFF		(ITY OR TOWN	COUNTY
W Walked		ital) exended the deceased fro	m p 11 -10 19 V), to 15 11	19 73 that 11 W
		t) view the body of double		ion death occurred on the date and	hour and from the couses sto
Hen	226. SIGNATURE	11) Can	DE GREE ATTENDING	G MEDICAL STAFF	224 DATE SIGNED
7	22 BUTSICIAN'S NAME (TYPE	OR PRINT	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	000
1	RICHARN	8.916	LER 1214	201Acu	THACKE
230.	BURIAL, CREMATION, REMOVAL	10	30 NAME OF CEMETERY OR CREMATO	CITY OF TOWN	COUNTY 51.
24	UNERAL DIRECTOR		Harmony Memorial P	k. Landover,	Md.
91	John T. Rhines	Co., 3015 12th	St. N.E. D. C. 200	C 2 / 1983 / 1	Charles 1
	AND THE REPORT OF THE PARTY OF	(b)	Mosso plate AUU		



Poge 4

FOR

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

	ECEASED NAME PE OR PRINTI	FIRST		MIDDLE	LAS	it .		20. DATE OF DEATH	MONTH	DAY YEAR	.2h HOUR
	PARKER			В	DOUGL	AS J	R.	Derv	mour	19,1983	6300
3. S	EX		4. RACE		5. DATE OF	BIRTH		6 AGE (IN YEARS LAST B		IF UNDER I YEA	
	MALE		BLACK		MAY	12 DAY	1879		YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	MARRIED	□ NEVERA	AARRIED -	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	MARYLAND		US	of A	WIDOWED		VORCED [BALTIMORE	CITY		A
	CITY OR TOWN OF DE LTIMORE		(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET I EMORTAL H	ADDRESS)		NOITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST RETIRED)		EI INDUSTRY	OF BUSINESS O
USI	JAL RESIDENCE (# NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
	MARYLAND	136 COUN	414	BALTIMOR		3d INSIDE C	NO []	13e STREET ADDRESS	FALLS		21 209
4. F	PARKER		CRKLEY	DOUGLA			FIRST	UNKNOWN		t,	AST
6a	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMA	NT	ADDI	RESS	21	209
	NO	(0.100,011		219 32 8	3201A	MR.	CARL S	. DOUGLASS	4639	FALLS	
	18 CAUSE OF DEAT	TH (Enter on	ly one couse per	line for (a), (b), one	d (c).)					APPRO	XIMATE INTERVAL
	PART I. DEATH V			NA DI	CATORY	Ares	EST				
	4010	IMMEDIAI	E CAUSE (o)	NOT I	WILL S						
-	1000		DUE TO, O	RAS A CONSTOUE		0	NASNI				
	Conditions, if ony		(b)_	PRE	SUMMO	TA	invasioni	A			
	gove rise to im cause (a), stati		S DUE TO O	R AS A CONSEQUE	NCE OF					100	
	underlying cous	3	-	R AS A CONSEQUE	INCEOF						
	DART D CTUED CIC	AMERICANIZ C	(c)	24 17 20 17 17 10 10 10 1	DE ATHERUS	07.051.1750					
NO	PART 2. OTHER SIG		7					INAL DISEASE OR COI	ADITION GIV	EN IN PART I	(a)
5				VASCULME		CIDEN					
CA	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?		WERE FIND	INGS USED S OF DEATH?
Ī								YES NO NO	1	s 🗍	NO
CERTIFICATI	21a. ACCIDENT WAS UN	DERLYING] 216. TIME O			21c HOW IN	JURY OCCURR	ED (FINTER NATURE OF INI	URY IN ITEM IS P	ART I OR PART 2)	
AL	OR CONTRIBUTING		ATT.	M. MONTH DA	AY YEAR						
EDIC/	LIF EITHER, NOTIFY MED			M.	19	BILLOCATIO	NA .			1	
AEC	21d INJURY OCCUR		(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATIO STREET)14	CITY OR T	OWN	COUNTY	STATE
-	AT WORK NOT W	PHILE DRK				,					
	22a.1 certify that (I	(this hospi	tal) ottended th		1011	183	_, 19		9	19 83	, that (t) (we) la
	saw the deceas	ed olive on	12	19 19	83 , ond	that in (my)	(our) opinion o	deoth occurred on the	date and hou	r and from the	e causes stated
	obove, (I) (we) (did) (did no	t) view the body	alter death.	DI	GREE				22, DAT	E SIGNED
	1	/	HA				TTENDING	MEDICAL STA	AFF .	III. DAT	110/5
	191	\sim 7	155			4,0,1	PHYSICIAN [DIRECTOR PHYS	CIAN	6	41708
	224 PHYSICION'S N	AME (ITTE O	R PRINTY			77e ADDRES	S	2			
		OHN	Home =	-		UNID	w m	broken	Hace		
	7	VIIN	TIME			UNIC		- WENKL	MOSE		

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial transit permit. Then please remove corbandape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

24 FUNERAL DIRECTOR LEWÎS T. GWYNN 4517 PARK HEIGHTS AVENUE

12/23/83

236. DATE

236. BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

234. LOCATION
CITY OF TOWN
TOWSON (BALTO. PLEASANT REST CEMETERY DEC 2 0 1983

STATE

12 179 04 104

1 10 0

1659 ELLES R.N. 212.9

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DEPARTMENT	OF H	HTLASI	AND	MENTAL	HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2h HOUR TYPE OR PRINTS JOAN OV 5. DATE OF BIRTH 3. SEX 4. RACE A AGE LIN YEARS LAST BIRTHOAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH OAY YEAR Femol Necko To BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PAINSVIVANIA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) AltimorF USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 138, STATE 1136, COUNTY 1136, CITY OR TOWN 113b. COUNTY 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? YES T NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ADDRES 160 WAS DECEASED EVER INJUS. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO TYES, NO OR UNKNOWN AIF YES, GIVE WAR OR OATES! 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ADRES IMMEDIATE CAUSE (a) 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which in metac CARGINAMO gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO I NOT YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 10-14 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on_ and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 224. DATE SIGNED MALIENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3001 HANOVER 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

0

DIRECTOR:

be deta

the the

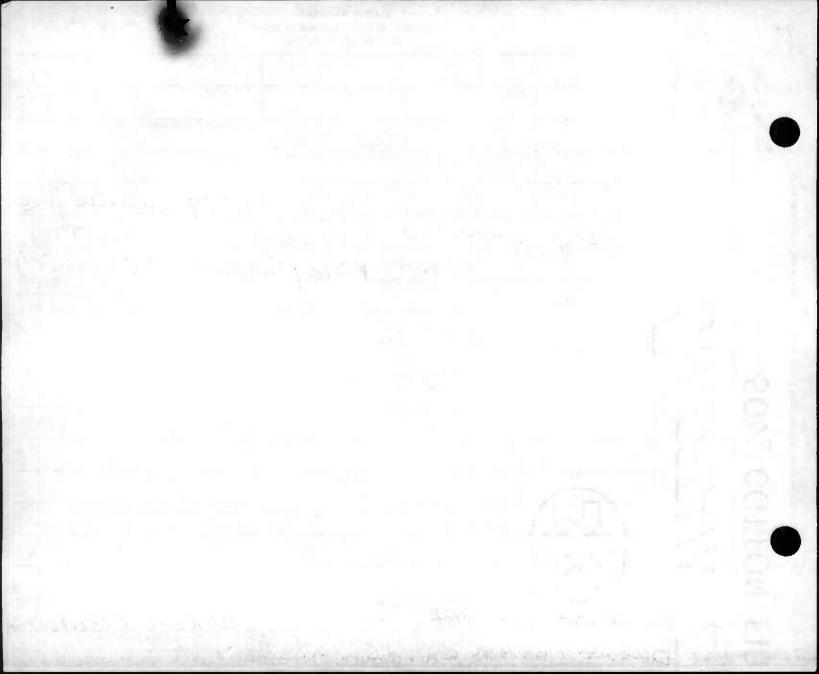
MPORTANT:

24 FUNERAL DIRECTOR

DINISC

ADORESS

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



filled in by the rould be filled

FOR - STATE REGISTRAR 1. DECEASED NAME

CATHERINE

Female

Maryland

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 COUNTY

Francis

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (o), stoting the

underlying couse

190 DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

To. BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

Balto.

Md 14. FATHER'S NAME

(YES, NO OR UNKNOWN)

John

4. RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT

W.

White

7b. CITIZEN OF WHAT COUNTRY?

U.S.

11. NAME OF HOSPITAL, NURSING H

Walker

DUE TO, OR AS A CONSEQUENCE

19b. CONDITION FOR WHICH OPE

216. TIME OF INJURY HOUR A.M. MONTH DAY

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM.)

Provident Hos

13c. CITY OR TOWN Balto.

16b SOCIAL SECURITY

216-20-073

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMEN C

ARTMENT OF H CERTIF	ICATE OF D		IENE	REG. N	0.	dias .			
1	AST		20. DATE O	FDEATH	MONTH	DAY	YEAR	Zh HOUF	2 5
DO	WDEY				12	20	83	12:4	P
5. DATE C			6. AGE (IN)	EARS LAST BIR	(YADHTS	IF UNDER		IF UNDER 2	
8 8	22	03	80		YRS.	MONTHS	DAYS	HOURS	MIN.
	D NEVER M		9. BALTIMO			Y OF DEA	TH		
IRSING HOME C		TUTION	12a USUAL		ION			BUSINE	SS OR
Hosp.			Teach		OF WORKING		ah S	Schoo	1
TOWN	13d. INSIDE CIT		13e STREET	ADDRESS	A.				
).		NO []		Madis	on Av	/e		217	
	15 MOTHER'S	MAIDEN NAI	W.E	WIDDLE	Мо	olloy	LAST		
SECURITY NO.	17 INFORMAN	IT		ADDRI		5 Sy		n Dv	
0-0733A	Mr.	Thomas	G. Do	wdey	Bal	to.,	Md	212	
Means	adie	eins	aute	à		W	I WIETH OF	SET AND D	ATH_
EQUENCEDOF OCCUPACIÓN	hile	astd	ilan	e		1	24	Usus	
EQUENCE OF								-3-21-04-0	
TO DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	E OR CON	DITION G	VEN IN P	ART 110		
HICH OPERATIO	N WAS PERFOR	MED	20a AUTO	DPSY?		S, WERE			
			YES	по⊓		ES T	AUSES	NO T	1?
DAY YEAR	21¢ HOW INJI	JRY OCCURE	RED (ENTER NA	TURE OF INJU	RY IN ITEM 18	PART I OR P	ART 2)		
FICE, FARM, ETC.)	21f LOCATION	V		CITY OR TO	WN	COU	NTY	ST	ATE
om / 4	164 d that in (my) (e	, 19	teath accurre	Da c	ate and ho	. 19 83		not (l) to	
	DEGREE						DATES		ed
	PH PH	TENDING TYSICIAN	MEDICAL	STAI PHYSIC			1/2	5/8	3
1)	220 ADDRESS	Box 5	709	Bal	timo	re !	212	08	
231 NAMBOFC	EMETERY OR CR	EMATORY	23d. LOC/	ATION					

for use as the burial-transit per of Health and Mental Hygiene should be detoched with the State Dept. HOSPITAL 0

or other

CERTIFICATION

MEDICAL

prior to buriof,

MPORTANT: If Hem 21 is morked or Item 18 shows DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

SIGNATURE

22d PHYSICIAN'S NAME

23a BURIAL, CREMATION, REMOVAL

Remova 7

Anatomy Beard

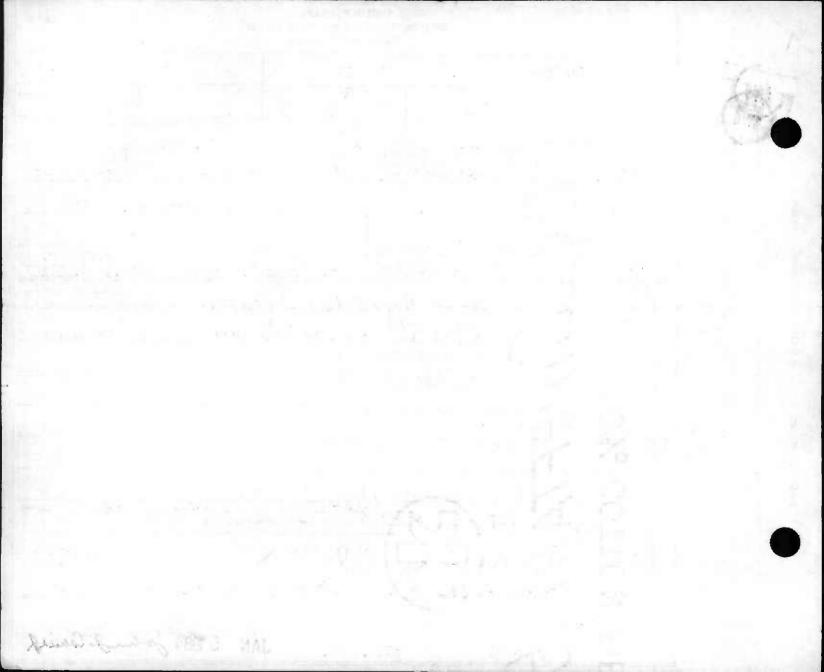
23b. DATE

22a.1 certify that (1) (this hospital) attended the deceased from

Balto., Md.

CITY OR TOWN

COUNTY



DOM!

completely filled in by the funeral dir.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

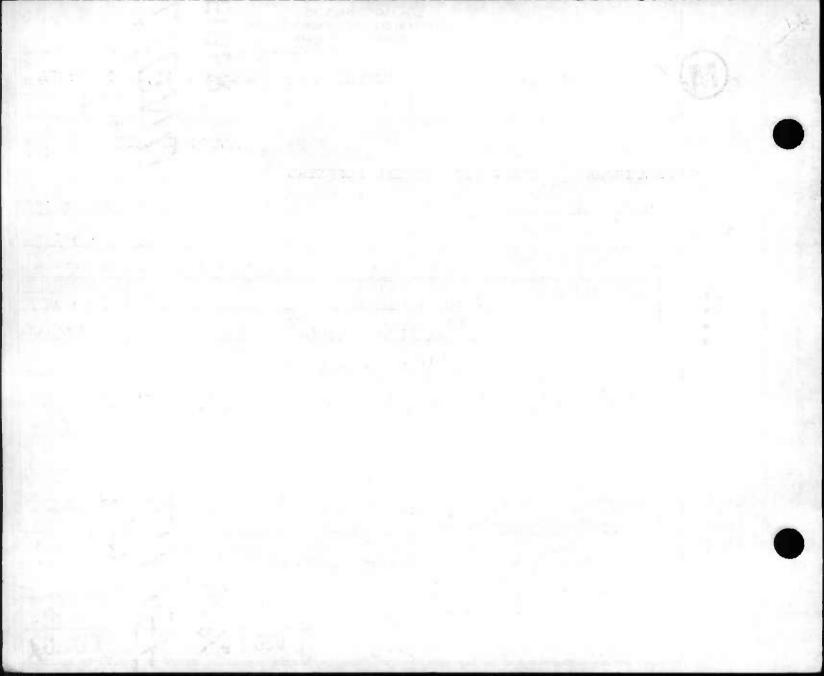
-1	REGISTRAR		CERTIFICATE OF I	EAIN	REG. NO.		
٧	J. DECEASED NAME FIRST	MIODLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
ŧ	GUS		DOWTIN		DECEMBER 18,	1983	9:05A M
P	EX	4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS UATS	IF UNDER 24 HRS HOURS MIN.
4	Male	Black	MONTH DAY	2 1	62 YRS		HOURS MIN.
2	70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER	A ADDIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
1	N. Carolina	U.S.A.		VORCED	BALTIMORE (CITY	MD.
Ä	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		TITUTION	126 USUAL OCCUPATION		OF BUSINESS OR
3	BALTIMORE	THE JOHNS HO		ITAL	(TITE OF WORK FOR MOST OF TOWNS	INC) INDOSTRA	
a	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) OWN 13d. INSIDE C	TTV LIAALTS?	13e.STREET ADDRESS / ZIP CO	DE	
4	Maryland	Baltin		NO 🗌	301 Allenda		eet 212:
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER	S MAIDEN NA	WE	LAS	51
7	Gus		tin,Sr M	ariah	WIDDLE		well
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMA	INT	ADDRESS		
	YES		8-9241 Mart	ha Dov	wtin 301 Alle		Street
	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b),	ond (c).)			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUS	ATE CAUSE (o) NUMO	Busion)	1045
1	4254	DUE TO, OR AS A CONSEC	QUENCE OF			~	1000
1	Conditions, if ony, which	((b) /all	Muc au	RAI		6	MUNES
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
1	underlying couse lost	(0) 00	MONYO	Jalle	4		
		T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION	IVEN IN PART III	0.
	19a. DATE OF OPERATION TO STORY OF STREET OF S	enna Willer	- azoye	ua.	flering !	YFD	NGC HGG
1	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFO	ORMED {	IN CER	YES, WERE FINDIN TIFYING CAUSES	OF DEATH?
4	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW/IN	IN IDA OCCUBI	RED (ENTER NATURE OF INJURY IN ITEM)	YES	NO 🗆
1		LICHE A MACAITH		JOK T OCCOR	KED (ENJER NATURE OF INJURY IN TEM I	8 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF E	P.M.	19 21f LOCATE	ON			
	214 INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFFIC			CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		1210	93	7/18	3 93	
	sow the deceased alive	spital) attended the deceased from	ond that in my	(our) opinion	deoth occurred on the date and h		that (we) last
	abave (1) (ver (did) (did	on	DEGREE			22c DATE	
	The classical states of the contract of the co	MADIAN	11	ATTENDING	MEDICAL STAFF	171	18183
H	221 PHYSICIAN SNAME (TYP	E OR PRINT)	22e ADDRE	PHYSICIAN [DIRECTOR PHYSICIAN	100	10/07
	ahollos	ENINA	Tola	NA Ve	Wind Hoor	MAP	
-	23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	NAME OF CEMETERY OR	CDEMATORY	Trad LOCATION	THU.	
	15BURIAL		Garrison Fo		VA Owing Mill	COUNTY	Md.
	24. FUNERAL DIRECTOR	,,			E PEC'D. BY REGISTRAR 25b. REG		
		H Inc. 1101 E	North Ave	nue Ut	EU 1 9 1983	Jan go	Connied
						V	4.4

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or semayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other train



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYDIENE

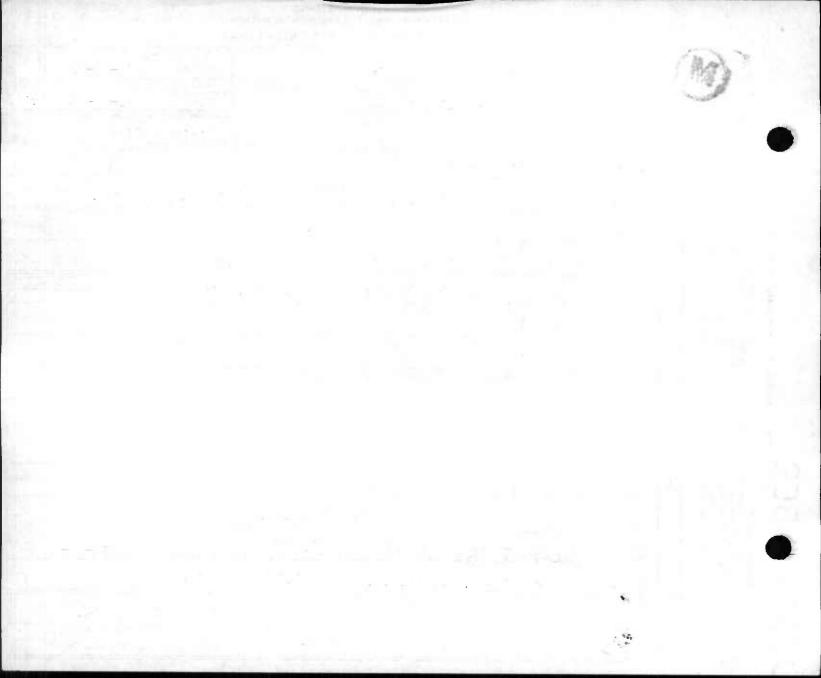
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG NO

FOR STATE

20M 4/82

REGISTRAR



injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	6349	
DECEASED NAME FIRST	MIDDLE	LAS	51	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
YPE OR PRINT) Sara	h W	Dru	mel	12-	14-83	11:45A
SEX	4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	May	24, 1912	71 YRS		HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	75. CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore Cit	у	MD
altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI St. Agnes Ho	EET ADDRESS)	OTHER INSTITUTION	Returned upation in the of working Bridal Consult	G (IRE) IIADOSIKI	lers Sto
n. STATE 13b. CC	e or other institution, give residence ber OUNTY 13c. CITY OR TO Baltin	NOLE	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO 5354 Jamestow		1229
FATHER'S NAME FIRST William	MIDDLE LAST Klinebu		15. MOTHER'S MAIDEN NAI EIRST Sarah	Me widdle	NÍ.	nes
. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b, SOCIAL SE 214-38		17. INFORMANT	ADDRESS umel Same as	11	
PART I. DEATH WAS CAU	r only one couse per line for (o), (b), USED BY: DIATE CAUSE (o)	patic	Failure			MATE INTERVAL ONSET AND DEATH
	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	Static QUENCE OF	gastric Car	INAL DISEASE OR CONDITION	3.1	nonths
Cancer cha	emetherapy ind	CH OPERATION	TWAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES []	
	216 TIME OF INJURY		21c. HOW INJURY OCCURE	ED / CANTED ALLEVIOR OF BANDER IN ITEM		NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR		CENTER MAJURE OF INJURY IN THEM	18 PART (OR PART 2)	NO []
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	19	211. LOCATION STREET	CITY OR TOWN	(OUNTY	NO STATE
OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that MI (this ha	DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ospital) attended the deceased from	19 CE, FARM, ETC.)	211. LOCATION STREET		COUNTY	STATE (we) lost
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK 22a. Certify that If (this has sow the deceased alive obove, (I) (we) (did) (did) 22b. SIGNATURE	DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE ospitol) attended the deceased from on DEC 14 19 1 not) view the body after death.	19 ce. FARM, ETC.) m	211. LOCATION STREET 29 19 3 Hothor in (my) (mm) opinion EGREE ATTENDING PHYSICIAN	CITY OR TOWN	COUNTY	STATE that IM (we) los couses stated
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that M (this has sow the deceosed alive obove, (1) (we) (did) (did)	DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE ospitol) attended the deceased from on DEC 14 19 1 not) view the body after death.	19 ce. FARM, ETC.) m	211. LOCATION STREET 29 19 3 hot in (my) (M) opinion EGREE ATTENDING PHYSICIAN 22e. ADDRESS	city or town to DEC 14 deoth occurred on the date and l	COUNTY	STATE that IM (we) los couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

CREWERS H- 1-1 121 Hay 24, 1212 ydid boridion isqui boriden intigeon o n 3 .d2 coolein Second Committee - unit of Store - Mind - Faithware X 6864 suprays Co. 2129 _end.i .U Hern tegnulanitk estili-

wells yestes settlin miss/2: Allen

STATE OF MARYLAND

Can fact postanger 635 985 91/mon st

1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST GILG	ERT	D	RUMG-OOLE	2ª DATE OF DEATH MONTH	18 83 20 15 M
3. SE	× M	B L	5. DATE O	F BIRTH DAY TEAR TEAR	6. AGE (IN YEARS LAST BIRTHDAY)	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) X A	76 CITIZEN OF WHAT CO	MARRIED		101101101	TY MD.
B	ACT	11. NAME OF HOSPITAL	SIVE STREET ADDRESS)	HOSR.	TYPE OF WORK FOR MOST OF WORKIN	GLIFE) 12b. KIND OF BUSINESS OR INDUSTRY ONSTRUCTION
13e. :	AL RESIDENCE (# NURSING HOME OF STATE 13b. COU		OR TOWN	130. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	St 2/20
	ATHER'S NAME FIRST VANCE	MIDDLE DR	MABOOLE	15. MOTHER'S MAIDEN NA.	WIDDIE	LAST
16e \	WAS DECEASED EVER IN U.S. AI YES, NOOLORGOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES) 16b SOC 22	1-07-2258	PT. do:	15 DRVM9	siz brone st
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	ED DV	SPIN ATO	1.1.1.0	IAC FAINURE	APPROXIMATE INTERVAL BETWEEN ONSEI AND DEATH 3 DAYS
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CO	DINSEQUENCE OF LUNG	TUMO P	THE SYNDROM	P I MONTH
NOL					NINAL DISEASE OR CONDITION	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MOI		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	(B. PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		n DEC 18	19 ¥ 3 , or		death occurred on the date and	- Contract of the Contract of
	77 Mc M	uller)	MD		MEDICAL STAFF DIRECTOR PHYSICIAN	12/18/83
	727 PHYSICIAN'S NAME ITYPE	(EN MD		VNID HOS	γ·	1 /
23a.	BURIAL, CREMATION, REMOVA	12/23/8-	3 PAT L	EMETERY OR CREMATORY	BOUTING	
7	UNERAL DIRECTOR Lam Law Pols	larger 638	1908ESS 91/m	on st DE	C 2 2 1983	GISTRAR'S DIGNOTIFE

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicis should be detached for use as the buriol-tronsit permit. Then please remove contain amperwish the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumotie

(VRA 15, 4)

CLERT DAMEDILE IN 183 20 C 10 St 21 2 - - - - - - - - 6 Unit of the Holy Course of the Park 64CT. " 612 Brown or 2/20) MICHE WHOME SUMEV Established a comme Edward & 3 solds = Substitute out who the principle The second secon 28 Ge 150 450 500 80 + 10/11/43 an 401 WASH T grant Gal any Galley and That TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burnal-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, ar removal.

injury, or other traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows pay

and campletely filled in by the

DEPARTA

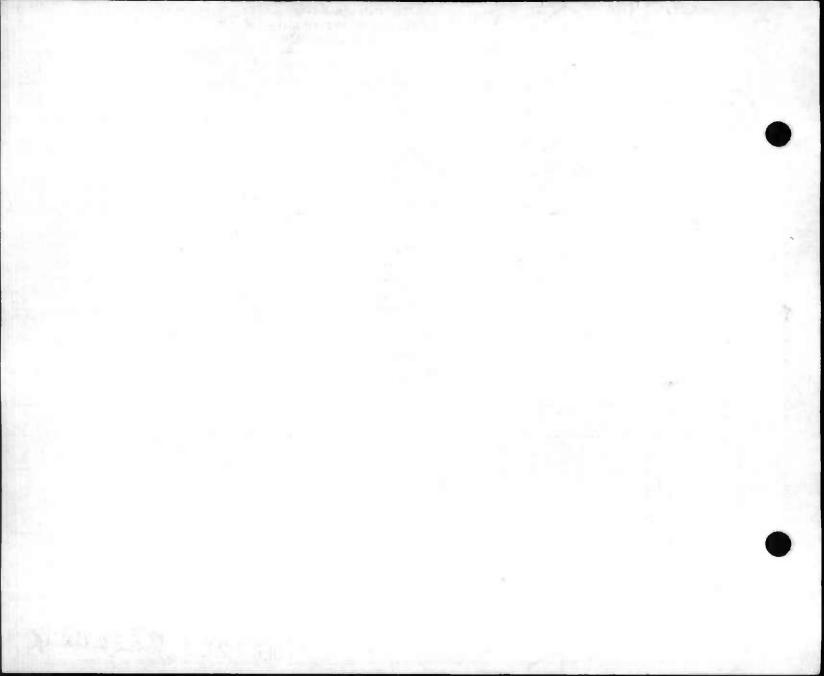
STATE OF MARYLAND	-		-	9		23	
MENT OF HEALTH AND MENTAL HYGIENE	0		0	Can	0		
CERTIFICATE OF DEATH		DCC	NO				

L	REGISTRAR				CERTIF	ICATE OF DEATH	REG N	10		
	DECEASED NAME	FIRST	^	AIDDLE	011	AST	20 DATE OF DEATH	MONTH D.	AY YEAR	2b HOUR
L	1	AVIL)	Α.	Du	CKETT		128	83	4CSPM
2.	SEX	- 4	RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
L	MALE	1 40	Bla	ack	10		73	YRS	UNITS DATS	MIN.
1	BIRTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY	MARRIE		PALTIMORE CITY	OR COUNTY	OF DEATH	1/
19	Maryland CITY OR TOWN OF DE	ATH A 1				DR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF	BUSINESS OR
Ł	SUAL RESIDENCE (IF NUR.	CITY	PRONI	ENT OF	40SF1	TAC BATTIMO	SYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
Ti:	a STATE	136 COUNT	Y	13c CITY OR TOV	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	Maryland FATHERS NAME			Balti	more	YES X NO 1	3809 No	rfolk	Avenu	e 21216
14	FIRST		DDLE	LAST		FIRST	WIDDIE		LAST	
177	David WAS DECEASED EVER		A.	Duck		Edna 17 INFORMANT	ADDF	ecc	Brow	n
10	(YES, NO OR UNKNOWN)	(IF YES, GIVE W							NT C -	11- 2
L	YES			213-03	-4794	Loretta W.	Duckett	3809		
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only	one couse per BY.	line for (o), (b), o	ndrig	Proping to	8 288	215	BETWEEN O	MATE INTERVAL
L		IMMEDIATE		lara	LER	espraise	a wind	VI.		
П	72		DUE TO, OF	AS A SONSEOL	ENCE OF	1 12:0	1120			
ı	Conditions, if any gove rise to imi		b)	Kur	a	race	uce			
	couse (o), statis underlying couse	ng the	DUE 10. OF	AS A CONSEQU	2525	line Hea	if tai	lure		5 1.05
1		NIFICANT CO	NDITIONS CO	NTRIBUTING TO	BEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	idition give	N IN PART 11a	TEANS.
NO. LA CALLON	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
1 8	210. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c. HOW INJURY OCCURR		1		
	OR CONTRIBUTION		HOUR A./	M. MONTH D	AY YEAR					
TA DI GARA	214 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION				
1	WHILE NOT W	HILE	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	SIREEI	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I)	(this hospito	l) oftended the	deceosed from.	9-1	19 8	5, to 12-	8	9 83, 11	hot (I) (we) last
L	saw the deceas obove, (I) (we) (ed plive on.	view the body	ofter death	. or	nd that in (my) (aur) apinion o	death occurred on the c	lote and hour	and from the co	ouses stated
	226. SIGNATURE	200	- 1	1/0 1/10	. /	DEGREE			22c DATE S	IGNED
	Sher	24/34	al ?	HEUSENN	u n	ATTENDING PHYSICIAN	MEDICAL STA		12-3	8-83
1	22d PHYSICIAN'S N.	AME (TYPE OR P	RINT)	ASHMI	<i>i</i>	22e ADDRESS	EPTY H	F1549	CAVE	RAITING
L	SHER	AFLF				2600 410			371.6	y James
23	BURIAL SPECIFY BURIAL	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
14	FUNERAL DIRECTOR		12/12	2/03 Fg	risc	on Forest VA			ARIS ENCALARIS	Md.
	m C March	F/H	Inc.	1101°E	North		1 2 1983	John	g Co	anely

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

retained by the haspital or attending physician.



DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	STATE REGISTRAR		MEI	DICAL	EXAMINE	R'S C	ERTIFIC	CATE	OF DEA	TH REG	. NO.			
		EASED NAME	FIRST		MIDDLE		L	AST			20 DATE KNOWN	K 1	HTHOM	DAY YEAR	26 HOUR
	-		Harry		М.			kwort			DEATH MATED				
5	3 SEX	M 4	W RACE	Jan. 16	YEAR 1916	6. AGE (IN YEAR LAST BIRTHDAY 67 YRS	MONTHS	DER 1 YR.	IF UNDER		PRONOUNCED DEAD		2/11	/83 ₁₉	101948 P ,
Ħ		RTHPLACE (STAT	TE OR	76. CITIZEN OF WH				D NE	VED AA ADD	IED 🗆	9. BALTIMORE CI	Y OR C	COUNTY	OF DEATH	
7)		arvland		U.S.A			WIDOWE			CED XX	Baltimo	ore	City		MD
×		Y OR TOWN O		11. NAME OF HOS	PITAL, NU	RSING HOME,	OR OTHE	R INSTITU		12e. USU	IAL OCCUPATION	(TYPE OF			USINESS
	F	Baltimor	e	Baltim		ity Hos	p. B	urn U	nit		NOST OF WORKING LIFE)			Shipya	
5	USUA 13a. S1	L RESIDENCE (IF		OTHER INSTITUTION, GIV	13c CITY		۷) .	13d. INSIDE C	ITY LIMITS?	13e STRE	eet address S. Schr	nede	er St		
		THER'S NAME			IDali	THOLE	-	15. MOTHE	R'S MAID			-	-		
			stin		uckwo					ydia			fall	LAST	
		AS DECEASED	EVER IN U.S. ARM			CIAL SECURITY		17. INFORA			ADDI	1		Md 21	
		No				-07-675	L	Harry	y M D	uckwo	orth Jr/7	851	Lock		
		18 CAUSE OF	DEATH (Enter only TH WAS CAUSED	one couse per line				2 !						APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		A -8		CAUSE (o)	Bur	ns with	COM	plica	tions	S					
		758	1	DUE TO, OR	AS A CON	SEQUENCE OF	F								
			, if any, which to immediate	(b)											1
			toting the under-	DUE TO, OR	AS A CON	SEQUENCE OF	F								14-54
		lying coose	ridst.	(c)											
	NO	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO OEATN	RUT NOT RELA	TEO TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEN IN PA	ART 1 (a).					
n	ATIC	190. DATE OF C	PERATION	19b. CONDIT	ION FOR	WHICH OPERA	TION WA	S PERFOR	MED?			_		20 AUTOPSY	(3
	IFIC													YES 🗆	NO X
n	CERT	210 EXTERNAL	9.45	21b. TIME OF		BIN WEIB	21c. HO	W INJURY	OCCURR	ED (ENTER N	NATURE OF INJURY IN ITE	M 18 PART	1 OR PART	2)	
5	MEDICAL CERTIFICATION	UNDERLYING	OR G CAUSE OF D	EATH 3:30xx		7/83 ₁₀	sub	piect	set	self	afire				
	EDIC	214 INJURY OC		21e PLACE C	OF INJURY	(AT HOME	21f LOC	ATION							
	W	AT WORK	NOT WHILE AT WORK	STREET, FACT	tcher			S. S	Schro	eder	St., Bal	to.	City	, Md.	STATE
		22a I certify	that I took charge	of the remains del	Dend ale	ove, held on	Autapsy	, [].	Inspectio	ın X	Inquiry .	and in	n my apin	ian	
		death resulted	from Nature	lauses [Condent	Suig	de X.	Hamid	ide .	Undete	ermined manner	<u> </u>			
			6/1	12	115	1.7		TITLE (S	PECIFY)						
		ACTUAL SIGNATURE	1	roman	1/	muxi	-MI	Dep.	Chie	f_MEDI	ICAL EXAMINER		DATE SIGNED.	12/1	.2/83
X		EXAMINER'S N (TYPE OR PRINT		nomas D.				DDRESS_		Penn	St., Ba	lto.	, Mo	1. 2120)1
	(5	PECIFY)	ON, REMOVAL 23			NAME OF CEM				CITY	CATION	1-	COUNTY	fr. 7 . 7 . 7	STATE
		urial UNERAL DIRECTO		12/14/83	Ho	olly Hi	LI Ce	mete	CY- A	MIC	dle Rive	r/Ba	ALTO/	Md 212	220
	74 PC	NAME		ADDRESS		Balto	Md 2	1223	DEC	13%	REGISTRAR (196 F	aux	201	sheel	

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TO FUNERAL DIRECTOR; After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pages should be detached for use as the burial-itransit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours ofter deg

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical should be detached for use as the burial-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		10	63	- 2	- 1	- 4
6	11	3	do	0	64	2
	11				11.00	

1 - STATE REGISTRAR		DEPAI	RTMENT OF H CERTIF	EALTH AND A		IENE REG.	NO.	<u> </u>	
	IRST	MIDDLE	ι	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(The oxining)	ames	R,	Dui	ncan		December	26,	1983	10:45A _M
3. SEX	4 RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	В	lack	MONTH 2	2	O 5	7.8	3 YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FORE		F WHAT COUNTR	RY? 8.	D NEVER A		9. BALTIMORE CITY	1 144		
Virginia		S.A.	WIDOWE	D DN	ORCED	Baltimo			MD
Baltimore	(IF NOT IN S	F HOSPITAL, NUR uch facility, Give str laryland	REET ADDRESS)			120. USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
USUAL RESIDENCE (IF NURSING 130. STATE 13	HOME OR OTHER INSTITUTION	13c. CITY OR TO		13d. INSIDE C		13. STREET ADDRESS		Stree	t 21217
14. FATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAA FIRSY n C V	MIDDLE		Dunc	
160. WAS DECEASED EVER IN			CURITY NO.	17. INFORMA		ADD	RESS		
(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	A578-1	6-041	Virg	inia 1	B. Duncar	192	24 Etti	ng St.
	hich (b), liote the lost. (c)_(CANT CONDITIONS	OR AS A CONSECT PNEUMOR. OR AS A CONSECT SQUAMOUS CONTRIBUTING 1	DUENCE OF SECOND OF SECOND SEC	NOT RELATED	TO THE TERM	200 AUTOPSY?	20b. IF IN CER	YES, WERE FINDI	NGS USED 5 OF DEATH?
E E	100			100 000000		YES NO		YES 🗌	NO 🗆
OR CONTRIBUTING CALL	SE OF DEATH HOUR	P.M.	DAY YEAR			RED (ENTER NATURE OF IN	IJURY IN ITEM	18 PART I OR PART 2)	
GIF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	[AT HOME.	E OF INJURY STREET, FACTORY, OFFI		211. LOCATIO STREET		CITY OR		COUNTY	STATE
220. I certify that (last) sow the deceased obove, (last) 220. SIGNATURE 220. PHYSICIAN'S NAM	E (THRE OR PRINT)	dy ofter death.		DEGREE A 220. ADDRES	TTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF SICIAN P	22c. DATE	that (K(we) lost couses stated
Donald	Human, M.I	D.		0/0	Maryla	and Genera	1 Hos	pital	JENE
230. BURIAL, CREMATION, RE BURIAL		9/83	3c. NAME OF C	iew Me		23d LOCATION CITY OF TOWN Balti	more	COUNTY	M d .

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the hospital or attending physicia

Wm Came March F/H Inc. 1101 DDRESS North Avenue DEC 27

REGISTRAR 256. REGISTRAR'S SIGNATURE

Orngão	Janes -	

JOHN MARKET MARKET

c/o for land Conoral Ferital

I have by the ottending physicion ond completely filled in by the Theoretee corbon popers. Pages 1 and 2 should be fined

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

32346

ı	REC	GISTRAR				CERTIFI	CATE OF DEA	TH	RE	G. NO.		
	1. DECEAS		Berna	_	E.	Dun	n Jr.		Decemb	er 29		26 HOUR 8:30AM
-	3. SEX	Male	ľ	RACE Whi	te	5. DATE OF		YEAR	6 AGE (IN YEARS LA	ST BIRTHOAY)	MONTHS DAYS	R IF UNDER 24 HRS
	70. BIRTHP	LACE (STATE OR	FOREIGN 7	USA	WHAT COUNTRY	MARRIED WIDOWE	NEVER MARI		Balti	ty <u>or</u> cou .more		MD.
1	2	r town of DE	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSI HFACILITY, GIVE STREE Harcou	T ADDRESS)	OTHER INSTITUT		120 USUALOCCU 114PE OF WORK FOR A Yardma	OST OF WORKIN	GLIFE) INDUSTRY	of BUSINESS OR ern Md.
2	USUAL RE 130. STATE	SIDENCE (IF NUR	136 COUNT	THER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY L	IMITS?	13e STREET ADDR 4618 Ha		DDE Rai	lway
PI	Bern	rs NAME lard E.		s, Sr.	LAST		15. MOTHER'S MA Cather		(nee Ba	rry)	t/	ASE
	NO WAS I	DECEASED EVER O OR UNKNOWN)		NED FORCES?	705-10		Helen	F. H		y,460	4 Cros	swood Av
	PAR	use (o), stati derlying cous	e lost.	ONDITIONS CO		DEATH BUT I	NOT RELATED TO		INAL DISEASE OR	20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED
	00.0	ACCIDENT WAS UN CONTRIBUTING	CAUSE OF DEAT	P	M. MONTH D	DAY YEAR		y occurr	YES NO		YES []	но 🗌
	ш	INJURY OCCUP	RRED	21e PLACE	OF INJURY IEET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET		CITY	Inda	COUNTY	STATE
		I certify that saw the dece above, (I) (we SIGNATURE	ol ve on	9	ofter death.	13 , one	DEGREE	NDING	death occurred on MEDICAL DIRECTOR PI	STAFF		the (I) we) last e couses stated
			stı	nart B					. Paul S			
	Buri	lal		23b. DATE 1/3/	84	Holy	Redeeme	. 20	23d. LOCATION CHTY OR TO: Ba]	VN + O	Md.	STATE
	24 FUNE	reminur 331 Bre	nek Fu ehms I	ineral Lane,	Home, Balto.	Inc. Md. 2	1213	DE	E REC'D. BY REGIS	RAR 25b. CE	SISTRAR'S SIGNA	Court

DHMH - 16 50M 4/83 (VRA 15, 4)

ASCASE Hoods MIE Congress borner cheeses D E1 PE/E4

32246

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	lin	C	43	-

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME	FIRST	7	VIDDIE	0	AST	20. DATE OF DEATH	MONTH DAY	-	2b. HOU	R
3. SE		hor	RACE	omos	S. DATE C	SERIPTH JR.	6. AGE (IN YEARS LAST BI	Z - Z9 .	UNDER : YEAR	IF UNDER	24 HR5
J. JE	Male			casian	MONTH		67		NIHS DAYS	HOURS	MIN.
7a. B	RTHPLACE (STATE OR F	FOREIGN 71		WHAT COUNTRY?	8	_/	9. BALTIMORE CITY		FDEATH		197
R	timore		USA		WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re (i)	4		MD.
10. C	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		General Ceneral	128 USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINE	ss or
	AL RESIDENCE (IF NURS	13b. GOUNT		13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	Sel+ St	Balt	to.Md	230
14. F/	Thomas	MI	DDIES.	Dyn	n	15. MOTHER'S MAIDEN NA	MIDDLE		Klen	winkel	k
	WAS DECEASED EVER YES, NO OR UNKNOWN)		PORCES?	213-10	HSOZ	17. INFORMANT Chas	+ Helen	A.Dunn,	Same	as a	bove
NO	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	nediate ng the last.	(b)	R AS A CONSEQUER AS A CONSEQUERAD A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A	ENCE OF	Tailus, C y o cende NOT RELATED TO THE TERM	al infa	relia relia	IN PART 10	0'	
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		H?
	21g. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR		URY IN ITEM 18 PART	T 1 OR PART 2)		
MEDICAL	216. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	HILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	s	TATE
	220. I certify that (I) sow the decays abave, (I) (we) (C 22b. SIGNATURE				83 . or	nd that in (my (our) opinion DEGREE ATTENDING	MEDICAL STA	AFF _	and from the		ve) lost
	226 PHYSICIAN'S NA	51	Herman		1 rong	PHYSICIAN [22* ADDRESS	Havove		1,7	-7/-8	J
	BURIAL, CREMATION,		23b. DATE	F	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	. willo	COUNTY	Manis	Mand

Culty Funeral Home, 130 E. Fort Ave. Balto. Md.

D. BY REGISTRAR

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the tuter should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

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ALC: A STORY

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Same Line

the ottending physicion and completely filled in by the furnivemove corbonpopers. Pages 1 and 2 should be filled within

njury, or other troumotic ev

CERTIFICATION

MEDICAL

AT WORK

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

should be detoched for use os the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol,

MPORTANT: If Item 21 is morked or Item 18 sho

Then please

1	-	FOR STATE REGISTRA
		EASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.				
Ī	20. DATE OF DEATH	MONTH	OAY	YEAR	2b. HOU	IR
		12	50	1983	6:08	PN
T	6. AGE (IN YEARS LAST BI			ER TYEAR	IF UNDER	
			MONTHS	DAYS	HOURS	MIN.
	97	YRS				
	9. BALTIMORE CITY	OR COUNT	TYOFD	EATH		

KEOIOTKAK					REG. NO.	
1. DECEASED NAME FIRST		AIOOLE	-	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Robe	rt		DUE	ZEN Sr.	12 5	0 1983 6:00 PM
3. SEX	4. RACE		5. DATE (IF UNDER TYEAR IF UNDER 24 HRS
Male		Black	10	15 1886	97 YRS	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Camden, S. C.	U. S.	A.	WIDOW		BALTIMORE	City MD
10. CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
BALTIMORE	PROV	IDENT		SPITAL	Custodian	Cannon Mills
USUAL RESIDENCE (IF NURSING HOME 130, STATE 13b, COI		GIVE RESIDENCE BEFORE		1134. INSIDE CITY LIMITS?	13. STREET ADDRESS 2113 N	. Ellamont St.
Maryland		Baltimo		YES NO	Baltimore, Mary	
14. FATHER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NA	MIGOLE	LAST
Jack	MIDDLE	Duren	-	Aurelia	Adams	Apsen
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS 211	3 N. Ellamont
NO NO	SIVE WAR OR DATES)	241-22-2	2631	Robert Duren	Jr. St. Baltimo	re, Md. 21216
18 CAUSE OF DEATH (Enter	only one cause per	line far (a), (b), and	d (¢1,)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY:	CANDIPP	oun	ONARY AR	nest	
47/7		R AS A CONSEQUE				
Conditions, if ony, which	(b)	CHEONIC	B	ROWCHITIS		
gove rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF			
underlying couse lost.	(c)					
PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)

196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS P	ERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	LIGHT A MA MONITH DAY VEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

LOCATION	CITY OR TOWN	COUNTY	STATE

22a.1 certify that (I) (this hospital) attended the deceased from	11 19 19 83 to 12	-20 19 83, that (I) (we) I
sow the deceosed olive on 12 = 0 19 obove, (I) (we) (did) (old not) view the body ofter death.	8-3 ond that in (my) (our) opinion death accurre	d on the date and hour and from the couses stated
22b. SIGNATURE	DEGREE	22s, DATE SIGNED

226. SIGNATURE			DEGREE		22c. DATE SIGNED
Donald	マ.	Bootingth	MS	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAND	12/20/83
TALALIA DU GALDU DIGITALA LAG			22. 400	2220	

DANACE	 2		. 1
d) majar	 00	ATIZIG	HIT

7		the same of the sa	Q .
ADDRESS			
7	11 -	D	
FRALLOCALT	1100	TAITTAINE	

DONALD J.	BOATRIGHT	PROVICE	ENT	Hosp.	\$ALTTMONE.
BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATO	ORY 23d. LC	CITY OR TOWN	COUNTY

12/24/1983 Cedar Hill Cemetery Baltimore, Burial 74 FUNERAL DIRECTOR Nutter & Sons 2501 Gwynns Falls
NAME
Funeral Home Inc. Pkwy. Baltimore, Md. 21216 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

NOT WHILE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

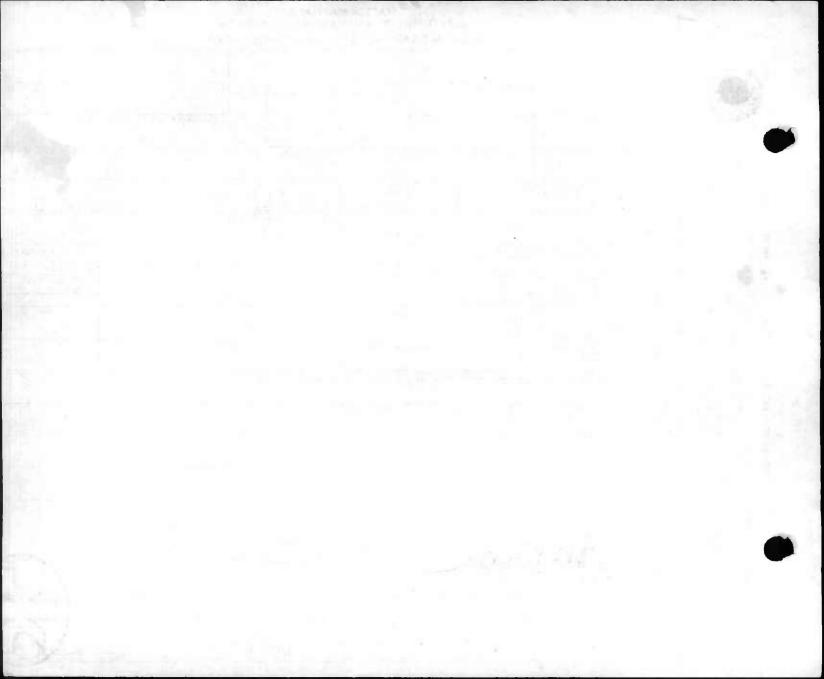
the first of the second Carrotte Cannon Carrotte Carrotte Cannon Carrotte . is monstig . M Tis CIEIS COMPANY NOT TO A CONTROL FINE Enomple in Sign DESTRUCTION OF THE COLUMN TWO DESTRUCTIONS OF THE PROPERTY OF The state of the s punerul per ant. . Ev. Blainent, M. Fille d

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	AL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS FOUNDED FOR CERTIFICATE, WRITING THE WORD "FENDING" IN PERCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 10 THE CHOLD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORMER. RETAIN PAGE ALD INFORMER. PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 3 SHOULD BE THEN WITH THE STATE DEPORTED OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH PECORDS. THE WAS AND AND ASSENTED.
W. PRESTC	WITHIN 2 ENCIL IN II WINER ALC TRANSIT F NTAL HYG
CORDS, 201	BE EXECUTED NDING" IN PREDICAL EXALS A BURIAL-LTH AND ME
OF VITAL RE	ATE SHOULD WEEN WEEN WEEN A BE USED A
DIVISION	WRITING THI WRITING THI WARED TO 1 AGE 3 SHOUL ATE DE
	ERTIFICATE, TO BE FORW WIRECTOR: PARTH THE STANDARD
	A S C C C C C C C C C C C C C C C C C C

BP____ DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 - 3	FOR STATE REGISTRAR			EPARTMENT OF					2 3	4	
		CEASED NAME E OR PRINT)	Rose		B.)	Du	usr tton		20 DATE KNOWN S OF ESTI- DEATH MATED			2b. HOUR
	_	male	Black	5. DATE OF BIRTH MONTH DAY 8 13	13 70	YEARS IF UN HDAY) MONTH YRS.		DER 24 HRS.	76. DATE PRONOUNCED DEAD	12/18/	839	8:24 P M
5	FOR M	RTHPLACE (ST REIGN COUNTRY) Larylai	n d	U.S.	Α.	WIDOW		RCED	Baltimore City	ce City		MD.
1	В	altimor	re	2629 B	Boone Street	eet	ER INSTITUTION		SUAL OCCUPATION (TY EMOST OF WORKING LIFE)	PE OF WORK 17b	OR INDUSTR	
2	130 ST M	aryla	nd 136. COUNT	R OTHER INSTITUTION, GIVE IY	Baltimo		134 INSIDECITY LIMITS YES XX NO	□ 26	REET ADDRESS 29 Boone	Street	2121	18
0		Josepl	h	B.	Booze		IS. MOTHER'S MA		C .		Hill	
'	160. W	NO	DEVER IN U.S. ARM		216-03-		Naomi V	Vashi	ngton 263			rrace ghts
		PARTIDE. 42 Candition gave ris	ATH WAS CAUSED MMEDIATI State Mining Mi	E CAUSE (o) Arte DUE TO, OR A (b) DUE TO, OR A		E OF	ardiovasc	cular	Disease	8	APPROXIMATE ETWEEN ONSET	
7	ATION	PART 2 OTNER SIG		ONTRIBUTING TO DEATH BU	ON FOR WHICH OP			N PART 1 (a)		20) AUTOPSY?	
2	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS OR OG CAUSE OF D		INJURY MONTH DAY YE		OW INJURY OCCU	RRED LENTER	R NATURE OF INJURY IN ITEM I	B PART I OR PART 2}	YES	NO X)
	MEDIC	214 INHIPY O		21e PLACE OF			CATION		CITY OR TOWN	COUNTY		STATE
									ind in my apinior	1		
)		ACTUAL SIGNATURE_	Amy	2x		M	Assistar	-1-	DICAL EXAMINER	DATE SIGNED	12/19/	/83
4	23o.Bt	EXAMINER'S I (TYPE OR PRIN JRIAL, CREMAT	NAME A	nn M. Dixo	on, M.D.			23d. L	n St., Bali			
	24 FL	BURIA!	TOR		3 Arbutu	s Mer	norial I	TE REC'D. B	rbutus PY REGISTRAR 1756 REC	COUNTY GISTRAR'S SIGN		Md.
ŀ	Wm	C Ma:	rch F/H	Inc. ADD ES 1	Ul E Nor	th A	venue	620	1003	an I	Calves	4



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete should be detached for use as the burial-transit permit. Then please remove carbonpopers, Pages 1 and 2 with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(TYP	CEASED NAME FIRST WALLAC	S.	DWYER		DECEMB	ER 10.19	33 26 HOUR
3. SE	MALE	CAUCASIAN	5. DATE OF BIRTH	08 24	6 AGE (IN YEARS LAST BIR	MONTHS	TYEAR IF UNDER 24
V	IRTHPLACE (STATE OR FOREIGN COUNTRY) /irginia ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUN	MARRIED N	DIVORCED [9 BALTIMORE CITY O	MORE	CITY
1	BALTIMORE AL RESIDENCE (IF NURSING HOME O	11. NAME OF HOSPITAL, NU SIF NOT IN SUCH FACILITY, GIVES		ALT	Machinis	F WORKING HEET INDL	F CORP
13a	STATE 136 CQUI		TOWN 13d. IN: YES	SIDE CITY LIMITS? NO THER'S MAIDEN NAM		RINO ST	-, 212
	fames	W. DW		Joseph	Ruth		Smith
	WAS DECEASED EVER IN U.S. AF LYES NO OR UNKNOWN) (IF YES GI		SECURITY NO 17 INF	Tergne C.	Dwyer	1500 El: Balto.,	
	Condition	DUE TO OR AS A CONS	DAMA OF	BI ATTOO	C MET	5	
NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) CARCIN DUE TO, OR AS A CONS	EQUENCE OF		E METS		ART No
TIFICATION	gave rise to immediate couse (a), stating the underlying cause last.	(b) CARCIN DUE TO, OR AS A CONS	EOUENCE OF	LATED TO THE TERM			INDINGS USED
CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) 196 CONDITION FOR WI 176 TIME OF INJURY HOUR A.M. MONTH	EOUENCE OF TO DEATH BUT NOT RE HICH OPERATION WAS I	LATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA 2006. IF YES, WERE F IN CERTIFYING CA	INDINGS USED AUSES OF DEATH!
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	DUE TO, OR AS A CONS (c) 196 CONDITION FOR WI 176 TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF TO DEATH BUT NOT RE HICH OPERATION WAS I DAY YEAR 19 216 HG	LATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PA 200. IF YES, WERE F IN CERTIFYING CA YES YES Y	FINDINGS USED AUSES OF DEATH! NO
	gave rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (1) ETHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) this hasp sow the decease the on above, (1) (we (did) tid in a page of the course).	TIB. TIME OF INJURY HOUR AM. MONTH P.M. 21e. PLACE OF INJURY (AI HOME STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT NOT RE HICH OPERATION WAS I DAY YEAR 19 FICE FARM ETC) 216 LO am 12 5 85	PERFORMED OW INJURY OCCURR OCATION STREET	700 AUTOPSY? YES NO	DITION GIVEN IN PA 200. IF YES, WERE F IN CERTIFYING CA YES YES YES YES YES YES OUN OUN	INDINGS USED AUSES OF DEATH: NO
	gave rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIVE EITHER HOTHY MEDICAL EXAMINE OF THE LITTLE O	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME STREET, FACTORY OF	EQUENCE OF TO DEATH BUT NOT RE HICH OPERATION WAS I DAY YEAR 19 216 HO FICE FARM ETC.) TO DEATH BUT NOT RE PLANT 19 TO DEATH BUT NOT RE DAY YEAR 19 216 HO DEGREE	PERFORMED OW INJURY OCCURR CATION STREET ATTENDING PHYSICIAN	TO AUTOPSY? YES NO ENTER NATURE OF INJUR CITY OF TO	DITION GIVEN IN PA 20b. IF YES, WERE F IN CERTIFYING CA YES IV IN ITEM 18 PART I OR PA WAN COUN TO 19 Site and hour and fro	INDINGS USED AUSES OF DEATH: NO
MEDICAL	gave rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (1) ETHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) this hasp sow the decease the on above, (1) (we (did) tid in a page of the course).	The CONDITION FOR WILLIAM TO THE PRINT OF TH	EQUENCE OF TO DEATH BUT NOT RE HICH OPERATION WAS I DAY YEAR 19 216 HO FICE FARM ETC.) DEGREE 226 AG 227 AG 228 AG	PERFORMED OW INJURY OCCURR OCATION STREET 19 8 7 In (my (our) opinion of PHYSICIAN DORESS I NAI HO	INAL DISEASE OR CONT 200 AUTOPSY? YES NO CITY OR TOV MEDICAL STAF DIRECTOR PHYSIC	DITION GIVEN IN PA 20b. IF YES, WERE F IN CERTIFYING CA YES IV IN ITEM 18 PART I OR PA WAN COUN TO 19 Site and hour and fro	INDINGS USED AUSES OF DEATH: NO (1) (1) (1) (1) (1) (2) (1) (1) (2) (3) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital ar attending physician.

executed within 24 hours after death. Page 4 may

STATE OF MARYLAND

3	+570	- 0	-8	25
	9	4	Arre	- 2
3	6m	1	2)	- 8

- 1	1 DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 2a DATE OF DEATH MONTH DA	Y YEAR 126. HOUR
			Y KATHERINE	DFIERWINSKI		5 83 6:45
1.1	3. SE		1. RACE CAUCASIAN	S. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24
		EMALE	WHITE	MONTH DAY YEAR SO 1898	85 YRS. MC	ONTHS DAYS HOURS
31	Pa. B1	RTHPLACE (STATE OR FOREIGN POCAND	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BACTIMORE	
13	12	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMENALER	126. KIND OF BUSINESS INDUSTRY
5			OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	READMISSION) VN 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 1931CRAFTON +	2-12-
300	14. FA	THER'S NAME FIRST DSEPH	MIDDLE MANI		12/WED MIDDLE	Gorlíčki
			RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 191-09-		ADDRESS rabowski 1931 Craf	
oric event, The		PART I. DEATH WAS CAUS	ATE CAUSE (0) AS A CONSEQU	DIAC ARRES		APPROXIMATE INTERVA BETWEEN ONSET AND DE 7 M I IW F
ather trauma		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) CON	LENCE OF SCLEROTIC CA		
injury. or	NOI			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH
9		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH D	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT) OR PART 2)
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OF TOWN	COUNTY STAT
27 is mo		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did n	n December 6 19	83, and that in (my) (our) opinion	death accurred on the date and hour	and from the causes state
ē		1226. SIGNATURE	life me Aske	DEGREE		12-6-83
MPORTANT: # #		224. PHYSICIAN'S NAME ITYPE		229. ADDRESS	J OMEGICAN DIVINITION OF THE PARTY OF THE PA	-

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
Walter Dabrowski 1005 Dundalk Avenue

250. DE PE O BORGO BORIZES COLLARS SON COLLARS

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10121 L 1210

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	2	J	3	2
				-

	REGISTRAR		CERTIFICATE OF DEAT	TH REG. NO.	
deline.	1. DECEASED NAME FIRST 10A	WIDDLE	FADDY	20 DATE OF DEATH MONTH	15 83 26. HOUR
GOTTOGE,	3. SEX FEMALE	4. RACE BLACK	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 52 YR	IF UNDER 1 YEAR IF UNDER 24 HRS
7	FLORENCE SOUTH		MARRIED WEVER MARR	BALTIMORE	City MD.
2	BALT.		SPITAL	ION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	G LIFE) INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOME OF 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY BALTO	VN 13d. INSIDE CITY LI YES X NO	□ 1638 LORMAN	Ст.
Z	BEN	HENNEGHEN LAST	15. MOTHER'S MA	MIDDLE	LAST
	160 WAS DECEASED EVER IN U.S. AF	rmed forces? 166 social security was or dates; 249–58–		ADDY 2400 WINCHE	
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF PULLUON DEATH BUT NOT RELATED, TO THE STORY OF TH	Sun hole 2 yd ory TB and Sc THE TERMINAL DISEASE OR CONDITION Bullows Prop	by Jenus
	OR CONTRIBUTION CALLER OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	19 YEAR	D 200. AUTOPSY? 206. IF IN CEL	YES, WERE FINDINGS USED RIFYING CAUSES OF DEATH? YES NO 1 18. PART 1 OR PART 2)
	21d. INJURY OCCURRED WHILE NOTWHILE AT WORK	218. PLACE OF INJURY	21f. LOCATION	CITY OF TOWN	ECUHTH STATE
	sow the deceased abve or	view the body after death.	DEGREE	DPINION death occurred on the date and NDING MEDICAL STAFF ICIAN HYSICIAN	hour and from the causes stated 22c. DATE SIGNED 12 · 19 · 83
1	224 PHYSICIAN'S NAME (TYPE	USULOGUE (GAKUBA	600 Reisterst	e Mo 2120}

BP. DHMH - 16 50M 4/82

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital ar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral disshould be detached for use as the burial-transit permit. Then please remove carbanpapers: Pages 1 and 2 shauld be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

medical

injury, ar ather troumatic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

1000

BURIAL

24. FUNERAL DIRECTOR

LEROY 0. D. 4600 LIBERTY HGTS. AVE. DYETT (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPEC#Y)

12/20/83

MARYLAND

CROWNS VI 236 NAME OF CEMETERY OF CREMATORY
MARYLAND VET. CEM CEM.

COUNTY

STATE

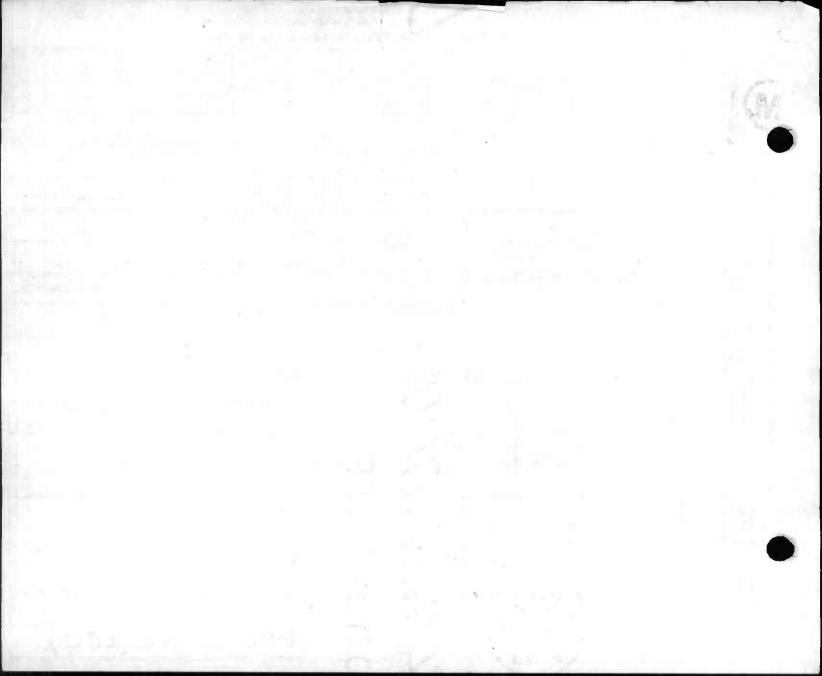
Congression thent numbered The pelescool 24 do Tubermany T. P. much Succession Parling files a latter Bridge and Eg 2/3/10 38 12/01 0 bes first the party 22 CHAINED BUT CHAIRE

BP_

DHMH · 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STA	TE ISTRAR					MENT OF	HEALT					RI	5 EG. NO.	la "	S 3)	
	1. DECEA	SED NAME				WIDDLE			LAST			OF	E KNOV	VN X	MONTH	DAY		26 HOUR
			Dorc			Μ.			Eaton				TH MAT	ED []	12	27 ₁₉	YEAR	M
	3 SEX	ale	4. RACE Black	S. DATE O	F BIRTH DAY	YEAR	6 AGE (IN YEA	AY) MON		HOURS HOURS	R 24 HRS	PRONO DE	UNCED		12	271		6:45A
	7a. BIRTH	PLACE (ST		7b. CITIZE		AT COUN		2				9. BALT	IMORE (CITY OF	COUNT	TY OF DE		///
2	Mar	ylan			U.S.			WIDO	MED N	DIVOR	CED 🗆				e Cit			MD.
0	F	R TOWN	more	(IF NOT	insuchfaci	an Ho	RSING HOME REET ADDRESS) Spital		HER INSTITU	NOIT		SUAL OCC			OF WORK	OR II	OF BUS NDUSTR	SINESS Y
5	13a STATE		(IF IN NURSING HOME C 13b. COUN		TUTION, GIVE	13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE	CITY LIMITS? NO [13e ST	REET ADE	RESS Mosl	ner	Str	reet	21	217
-	14 FATHE	R'S NAME							IS MOTH	ER'S MAI	-		MIDDLE			-		
0	L	inds		MIDDLE			ckins		Le							Har	cum	
	160. WAS (YES, NO	DECEASES O, OR UNKNO	DEVER IN U.S. ARA	MED FORCE	ES?		IAL SECURITY	Y NO.	17 INFOR					DRESS				
	UNK	NOWN				N	/ A		Shir	len	e Gr	egoi	ry 1	027	N.		CXIMATE	
		Canditiar gave ris cause (a) lying cau	ns, if any, which ie to immediate stating the <u>under-</u>	TE CAUSE (A DUE	ETO, OR A b) ETO, OR A	AS A CON	oma of sequence of sequence of the term	OF OF		ON GIVEN IN	PART 1 io							
3	CERTIFICATION	DATE OF	OPERATION	196	CONDITI	ION FOR V	WHICH OPER	ATION \	WAS PERFO	RMED?						20 AU	TOPSY?	
	TIE												_			_	s 🗆	NO M
3	EDICAL SIZ	DERLYING ONTRIBUTION	CAUSE WAS OR OCCURRED OCCURRED OT WHILE AT WORK	DEATH 21e	P.M.			2	OCATION STREET	Y OCCURI	RED (ENTE	CITY OR		ITEM 18 PA		unty		STATE
5	AC SK	220 I certification of the control of the certification of the certifica	Mor	ge of the ren	nains desc	Nibed abo		Auta], Ham	SPECIFY)	, Unde	Inqui etermined	manner	and	DATE SIGNE	1.	2/27	/83
	Be	TRIAI		12/3	31/83	3 A:	rbutu	s M	emori	al I	k. ci	AT BU	tus	-	cour		M d ST	ATE.
	W PNA	RAL DIREC	rch F/F	Inc	ADDRESS 1	101	E Nor	t h	Avenu	25 TE	72	REGIST OF TOP	RAR 78	EGIS	TRAR'S S	IGNATUR	RE.	,



death. Page 4 may be

FOR STATE

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
CE	RTIFICAT	E OF	DEATH	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
(TYPE OR PRINT) Willis	н.	Eaton	December 24, 1983
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Black	1°2" 17" 09"	74 YRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76. CITIZEN OF WHAT COUNT USA	RY? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED D	Baltimore City MD.
Baltimore	11. NAME OF HOSPITAL, NUI IF NOT IN SUCH FACILITY, GIVE ST 5106 Midwoo	RSING HOME OR OTHER INSTITUTION (REEL ADDRESS) Od AVe.	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME O			
MD 136 COU		imore 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 21212
14 FATHER'S NAME		15. MOTHER'S MAIDEN N.	AME
Doc Her	ry Eaton	Sarah	Jackson
160 WAS DECEASED EVER IN U.S. AF		ECURITY NO. 17. INFORMANT	ADDRESS
(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 238-0	09-3250 Sallie B.	. Eaton 5106 Midwood Ave.
		OUENCE OF TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WA	HICH OPERATION WAS PERFORMED	VES NO YES NO NO
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 218. INJURY OCCURRED		DAY YEAR 19 21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TOWN COUNTY STATE
220. I certify that (I) (this hosp saw, the decased alive or above (1).	n view the body after worth.	27	n death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN
226. PHYSICIAN'S NAME (TYRE	. ROBINS	-8N 300 X	DRMERY PL. 21201
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12/30/83	Arbutus Mem. Pk	Baltimore Co. MD

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the hospital ar

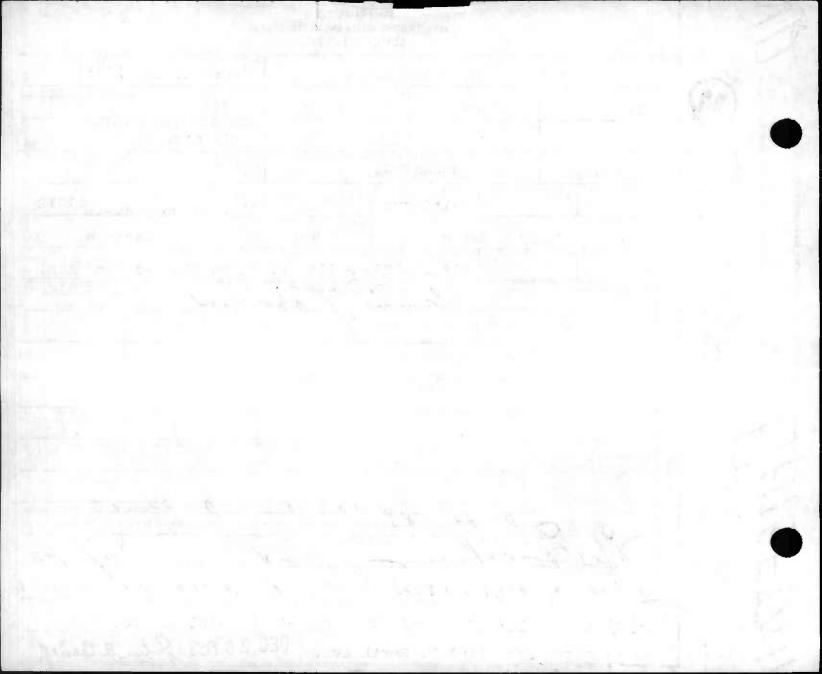
MPORTANT: If them 21 is marked ar them 18 shows any

24. FUNERAL DIRECTOR
Wm. C. M. 1101 E. March F/H North Aye, (VRA 15, 4)

234 LOCATION
CITY OF TOWN
Baltimore Co.

DHMH - 16 50M 4/B2

8 1983



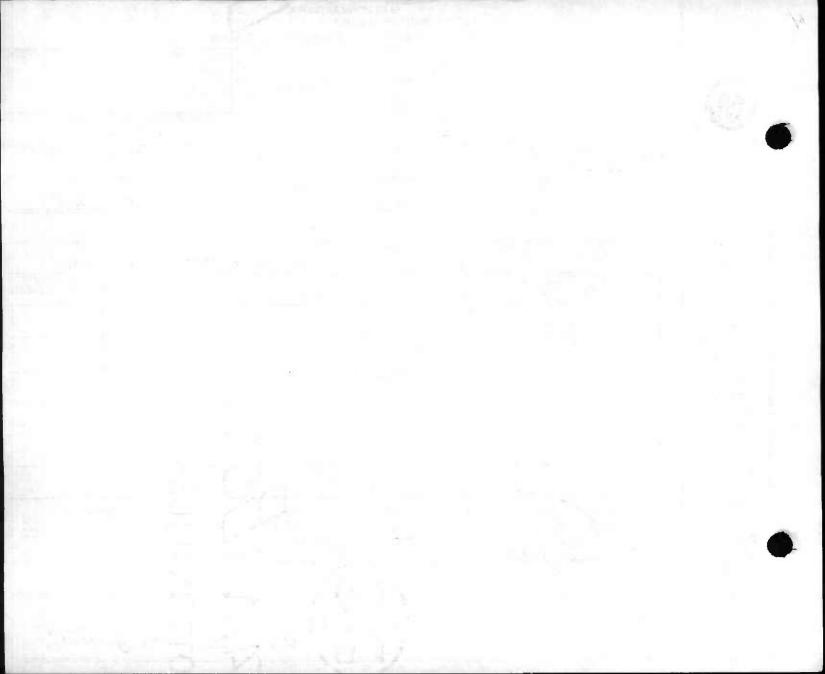
DHMH - 17

(VR A15 ME (5)) 20M 4/82

	FOR STATE			PEPARTMENT OF H	HEALTH	MARYLAND H AND MENTAL HY		2 .	5 3
	REGISTRAR		MED		ER'S C	CERTIFICATE OF	REG.		
	CEASED NAME TE OR PRINT)	FIRST		MIDDLE		LAST	20 DATE KNOWN OF ESTI-	MONTH	DAY YEAR 26 F
(,,,		Mamie	F	Ruth	I	Ebron	DEATH MATED	□ 12	26 19 83
3. SEX	(4 RACE 5	DATE OF BIRTH	YEAR LAST BIRTHDAY	RS IF UN	NDER 1 YR. IF UNDER 24		MONTH	DAY YEAR 2d h
F	emale	Black	2 16	25 58 YRS	1110111	HS DAYS HOURS M	PRONOUNCED DEAD	12	26 1983 Ta
Za BI	RTHPLACE (ST	TATE OR 7b	CITIZEN OF WH	IAT COUNTRY?	_	TIED NEVER MARRIED		_	OF DEATH
	TY OR TOWN			PITAL, NURSING HOME,			USUAL OCCUPATION		2b KIND OF BUSINES
de	Balt	imore	1F NOT IN SUCH FAC	Ready Avenu	ıe.		FOR MOST OF WORKING LIFE)		OR INDUSTRY
130 S		(IF IN NURSING HOME OR OT	HER INSTITUTION, GIV	residence before admission 130. CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS? 13	street address 5321 Ready	y Ave.	21212
14. FA	ATHER'S NAME	M	DDLE	LAST		15. MOTHER'S MAIDEN! Alice	NAME MIDDLE	E	bron
		DEVER IN U.S. ARMED		16b. SOCIAL SECURITY	NO.	17. INFORMANT	ADDRE		
(Y	ES. NO, OR UNKNO	(IF YES, GIVE WAR	OR DATES)	243-40-45	99	Elsie Ebr	on 5321 Re	eady A	venue
TION	PART 2 OTNER SI	GNIFICANT CONDITIONS CONT		OUT NOT RELATED TO THE TERMIN		SE OR CONDITION GIVEN IN PART 1	(a),		
-	178 DATE OF	OPERATION	1AP COUDII	ION FOR WHICH OPERA	ATION W	VAS PERFORMED?			0.0
FC									20 AUTOPSY?
CAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF DEA		INJURY . MONTH DAY YEAR	21c. H	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART	YES NO
MEDICAL CERTIFIC.	UNDERLYING CONTRIBUTION	OR NG CAUSE OF DEA	HOUR A.M. TH P.M. 21e PLACE O	MONTH DAY YEAR	21f. LO	OW INJURY OCCURRED (OCATION STREET	ENTER NATURE OF INJURY IN ITEM	a 18 Part 1 OR Part COUN	YES NO
	UNDERLYING CONTRIBUTION ZIE INJURY CONTRIBUTION WHILE AT WORK	OCCURRED NOT WHILE AT WORK Ty that look charge of the ch	HOUR A.M. P.M. 21e PLACE O STREET, FACTO the remains of	MONTH DAY YEAR 19 OF INJURY (ATHOME. ORY, FARM, ETC.)	Autop	OCATION STREET OSY . Inspection . Homicide TITLE (SPECIFY) Peputy Chie:	CITY OR TOWN Inquiry , Undetermined manner	and in my opin	YES NO

Wm. C. March F/H 1101 E. North Ave,

JEC 2 8 1983



FOR - STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT)

COUNTRY)

STATE OF MARYLAND DEPARTMENT

OF	HEALTH	AND	MENTAL	HYGIENE
TI	FICATE	OF	DEATH	

	REG. NO.				
	20. DATE OF DEATH MONTH	8- 1	983	26 HOL	JR 50
T	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	58 YRS	MONTHS	DAYS	HOURS	MIN.
3	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

SEX	1. RACE
Female	white
BIDTHDI ACE ASSAULT OR FOREIGN	THE CITIZENI OF WHAT COUNTRY

USUAL RESIDENCE (IF NURSING HOAS OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134. SOUNTY 135. CITY OR TOWN

MIDDLE

12-MARRIED | NEVER MARRIED | WIDOWED DIVORCED

Baltimore Ci 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

126 KIND OF BUSINESS OR

IQ CITY OR TOWN OF DEATH palto

enry

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Arnes Hospita

Housewife

MIDDLE

24

13. STREET ADDRESS / ZIP CODE Dalto., Md.

M FATHER'S NAME

LAST

orretta 16b SOCIAL SECURITY NO. 17 INFORMANT

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

lichols

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

22a I certify that (I) (this hospital) attended the deceased from

23b. DATE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

211 LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED NOT WHILE 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

CITY OR TOWN

STATE

sow the deceased alive on. obove, (1) (wai (did not) view the body ofter death 27h SIGNATURE

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

231 NAME OF CEMETERY OR CREMATORY oudon Park Cem

22e ADDRESS

23d. LOCATION CITY OF TOWN

STATE COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

[SPECIFY]

CERTIFICATION

and Mental Hygiene

should be deto

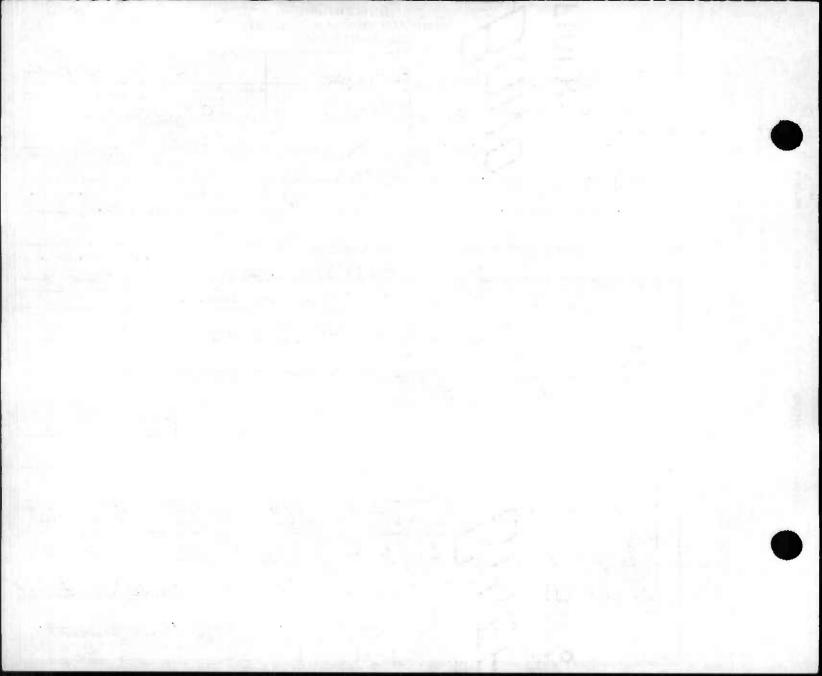
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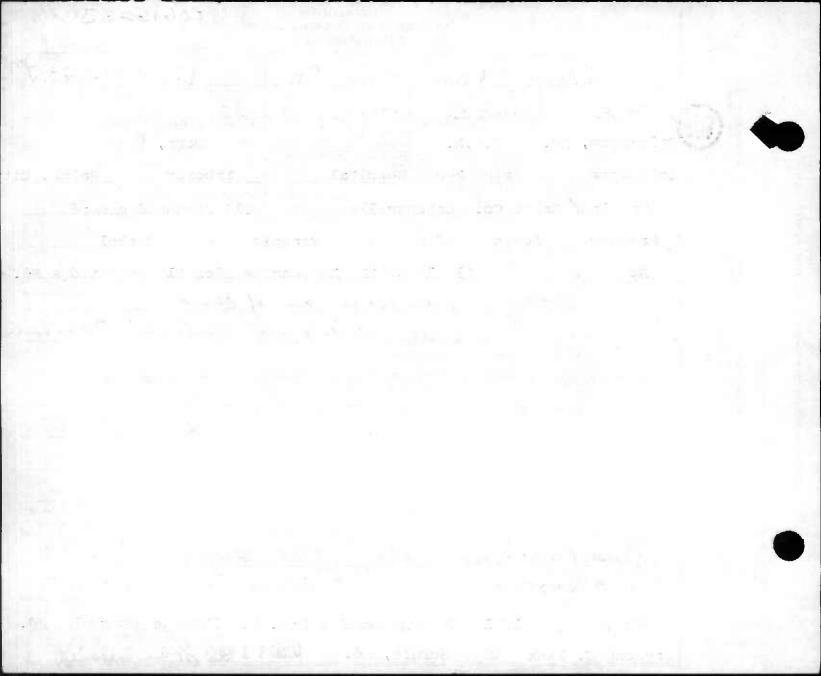
24 FUNERAL DIRECTOR tumar

21229

25¢ DATE REGD. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



K	1.	FOR STATE REGISTRAR	DEPARTMENT OF CERT	ITE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO	32357
er A may be in joint all a second and a second a	3. SE	CEASED NAME OR PRINT) X THE CONTROL OF THE OR FOREIGN COUNTRY COUNTRY IT OR TOWN OF DEATH		P 24 15 NEVER MARRIED NED DIVORCED	6 AGE (IN YEARS LAST BIRTH B BALTIMORE CITY OR Baltimor 12a USUAL OCCUPATIC 174F OF WORK FOR MOSI OF	YRS. COUNTY OF DEATH E MD. N 175 MND OF BUSINESS OR
e executed within 24 hours aft n and campletely filled in b Pages Land 2 should be fill medical examine and size not	13a :	Maryland Ba ATHER'S NAME Matthew VAS DECEASED EVER IN U.S. AR	Saint Agnes Hos other institution, give residence Before admission ITY 13c. CITY OR TOWN Ito Co. Catonsvi MDDLE LAST LOUIS Eder	13d. INSIDE CITY LIMITS? 116 NOT 15. MOTHER'S MAIDEN NAME FIRST Franci	Laboro 13. STREET ADDRESS / 913 Sout ME MIDDLE ADDRES	r Balto. Ci zıp code 2/2/28 hridge Road Biebel
equires that the death certificate be signed by the attending physicial Then please remave carban papers. Ta burial, crematian, or removal. injury, or ather traumotic event, the	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	ly one cause per line for (a), (b), and (c).)	widespuro	of chist mela	APPROXIMATE INTERVAL BETWEEN ONNE! AND DEATH Jam' 30 Mi hunte
DING PHYSICIAN: The low roor oftending physicion. After this certificate has bee e os the buriol-transit permit. olth and Mental Hygiene prior morked or them 18 shows any	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (18 EITHER, NOTIFY MEDICAL EXAMINER 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	TH HOUR A.M. MONTH DAY YEA	R 21s. HOW INJURY OCCURR	200 AUTOPSY? YES NO SEED (ENIER NATURE OF INJURY) CITY OR TOW	
HOSPITAL OR ATTEN insed by the hospital or strong by the hospital FUNERAL DIRECTOR: build be detached for us with the Store Dept. of He PORTANT: If them 21 is		saw the deceased alive an	tol) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICI	AN DIE
BP	24 F	Burial, Cremation, Removal Specify Burial Unital Unital Unital Specify	12-13-83 Meado	DEC	23d LOCATION CITY OF TOWN PR. Elkric EREC'D. BY REGISTRAR 1 1 1983	dge (Howard) Md. Sh. REGISTRAR'S SIGNATURE



					200
EPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE"
CEI	RTIFI	CATE	OF	DEATH	

1.	- STATE REGISTRAR	DEFARI		ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DA		2b. HOUR
,,,,,	ROSSIE	ERNEST E	DWARDS	S	Dece	mber 21	8 1983	5:30a M
3. SE	X 4.	RACE	5. DATE C		6 AGE (IN YEARS LAST BE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	Male	Black	5	4 25	58	YRS.	JAN JAN J	MIN.
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	Maryland	U.S.A.	WIDOWE		BALTIMOR	E CITY		MD.
100		1. NAME OF HOSPITAL, NURSI VA MEDICAL CENT			128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS OR
13a.	AL RESIDENCE (IF NURSING HOME OR DESTATE 136 COUNTY		NN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2609 Oak		venue	21215
	ATHER'S NAME	DDLE LAST Hill		15. MOTHER'S MAIDEN N. Pear 1	AME MIDDLE		Edwa	
(WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)	ED FORCES? 166 SOCIAL SECTION OF DATES 127 22 7		Margaret	ADDR Edwards 2			Avenue
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	/	unvaculm co.	mulation		BETWEEN C	MATE INTERVAL
	Conditions, if any, which gave rise to immediate cause to 1, stating the underlying cause lost	CAOSE (O)	Sport	The BATTERIA P	^		24-	-484/
NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
ERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES	
AL C	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF MUL	IRY IN ITEM 18 PAR	RI I OR PART 2	
EDIC,	21d. INJURY OCCURRED	21e. PLACE OF INJURY	FARM SIC Y	211. LOCATION	CITY OR TO)WN	COUNTY	STATE

220.1 certify that XI) (this haspital) attended the deceased from saw the deceased alive ap December 28 19

NOT WHILE

saw the deceased alive on VCCMDCT 2 above, N) (we) (did) (did not view the body after deat 22b. SIGNATURE

DEGREE

December

ATTENDING MEDICAL

83

STAFF DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

27c. DATE SIGNED

22d PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS

3900 Loch Raven Blvd. Balto Md 21218

	23a BURIAL, CREMATION, REM
3P	SPEBURIAL

236 DATE JAVC 1/3/84 23c. NAME OF CEMETERY OR CREMATORY Baltimore National

Baltimore,

Md , STATE

24. FUNERAL DIRECTOR

C MArch F/H Inc, 1101 E North Avenue

DEC 2-9 1983

DHMH - 16 50M 4/83 (VRA 15, 4)

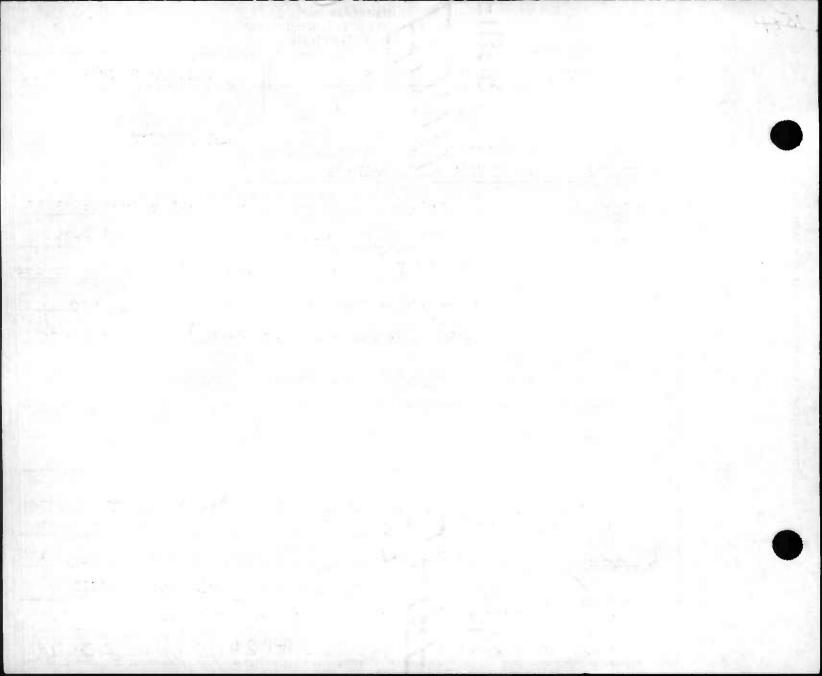
TO FUNERAL DIRECTOR: After this certificate has been signed by the atten-should be detached for use as the burial-transit permit. Then please remaye co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

HOSPITAL OR ATTENDING PHYSICIAN: The

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MPORTANT: If Rem 21 is



	1-5	OR STATE REGISTRAR					AND MENTAL I		3	2 3	5 9	
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	ma ma	ale	4.RACE white	5. DATE OF BIRTH OCT 19,	6. AG	E (IN YEARS IF UN TARTHDAY) MONT TRS.	DER 1 YR. IF UNDER	MIN PRONO	UNCED	12/4/8	Y YEAR	84.136JR P M
T	FOF	THPLACE (S			USA	WIDOW		ED Ba	ltimore			MD.
38	P	altimo	re	Unive	rsity Hos	spital S	er institution hock Traun	12a USUAL OCC FOR MOST OF W NA ST	UPATION (TYPE CORKING LIFE) Udent		OR INDUSTR	1
33				OR OTHER INSTITUTION, GI	Balt . H	admission) Tigh.	13d INSIDE CITY LIMITS? YES NO 🔀		S. Tw	rin Ci	(212 rcle	(27)
30		Fred		MIDDLE .	Ehr 1	ich Sr	Mother's maid Mar Mar	Y	MIDDLE R.	Cap	ilong	
7	(YE	S, NO OBLINKNO	D EVER IN U.S. AF	war or Dates)	none		Fred C.	Ehrlich		-	,	
CREMATION, OR REMOVA	NOI	gave r cause (a lying ca PART 2 DTHER S	ns, if any, which se to immediate) stating the <u>under</u> use last.	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CONSEQUI	ENCE OF	E OR CONDITION GIVEN IN PA	ART I vo				
OR TO BURIAL, CR	CERTIFICATION		OPERATION		TION FOR WHICH					~ 111	YES	NO [X
3	MEDICAL CER	UNDERLYING CONTRIBUT 21d. INJURY	NG CAUSE OF	DEATH 5:50 M	EINJURY MONTH DAY 1. 12/4/8 OF INJURY (AT H TORY, FARM, ETC.) droom	39 S1	DW INJURY OCCURRING THE INJURY	ged self	TOWN	COUNTY		STATE
RE, MARYLAND, 21201				ge al the remains des	Accident ,	Suicide X		Undetermined	manner ,	d in my apinian DATE SIGNED	12/5/	/83
BARTIMORE, A		EXAMINER'S (TYPE OR PR	NT)	ennis F.	-			Penn St.		o., Md.	21201	
e0	24 FL	Buria:	TOR _	Dec. 8	3 Glen		Mem Pk	REC'D. BY REGIST	Burni	COUNTY COUNTY COUNTY STRAR'S SIGNA	MD	
(5)}	S:	inglet	on Fun	eral Hom	e, Gler	Burni	e,MD DE	C 6198	33 /0	and		A.

Deli 6 883 June 2 Company

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

MPORTANT: If them 21 is marked or them 18 shows any

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FOR - STATE

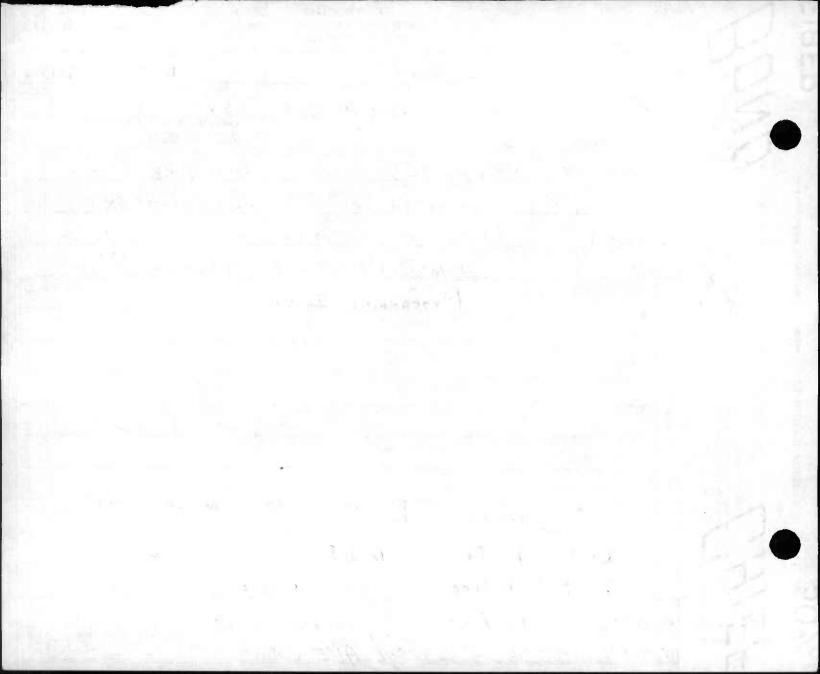
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

YLAND	5.2	**	****	63
D MENTAL HYGIENE	0	0	S	2
FDEATH		PEG NO		

	REGISTRAR		CERTII	ICAIL OI DEATH	REG.	NO.		
	CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH		YEAR 26 HOUR	_
(TITE	ANNA	R EICHELMA	N			12/28/83	7:15a	m,
3. SEX	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST	BRTHDAY) IF UNDE	DAYS HOURS MI	***
/	F	W	MAR	10 1924	59	YRS.	DATS HOURS MI	٧.
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	
M	ARYLAND	USA	WIDOWE		BALTIMORE	CITY		MD.
II JCI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		KIND OF BUSINESS C)R
BA	LTIMORE CITY	15T, AG11	ES	HOSP.	HOUSEN	IIIE	200111	
130, S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	S. / ZIP CODE	- 1112	2
IY	W Pr	TASADE	NA	YES NO	876161	TYSIDE DI	RALL	
FA FA	ATHER'S NAME	MIDDLE 1 LAST		15. MOTHER'S MAIDEN I	NAME	n	LAST	
h	VILLIAM	KENNED	X	EMMA		150	ITTA	
	VAS DEĆEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADD	RESS 82	51	
	NO -	219.16	3317	EDWARD I	EICHELMAN	BAYSIDE	= DR	_
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), o	and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	Н
		ATE CAUSE (0) YO	CARDI	AL INFA	RCT			
	4100	DUE TO, OR AS A CONSEO	UENCE OF			1		
	Conditions, if ony, which	(tb)						
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF					
	underlying couse lost.	(c)						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN	PART Ita	_
CERTIFICATION								
ICA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?	
RTIF					YES NO	YES 🕞	NO 🗆	
	210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE	- LIGHTS A AA AACALITH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR	PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
EDI	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E ARM ETC)	211 LOCATION STREET	CITY OR	TOWN CC	DUNTY STATE	
2	AT WORK NOT WHILE	(ATTIONE, SINCE), FRETOKT, OFFICE	L. TARM, CTC /					
	220.1 certify that (4-(this hasp	oital) attended the deceased from	-	21 19_8	3 , to Dec	28 19 9	, that (H (we) le	ost
	sow the deceased alive as	n Dec 28 at) view the body after death.	₹3, or	nd that in (my) (our) opini	on death accurred on the	date and hour and t	rom the couses stated	
	226. SIGNATURE	1_		DEGREE		20	C. DATE SIGNED	
	Best 3	1. morton	N	ATTENDING	MEDICAL ST	AFF SICIAN 19		
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
	Best 1	F. Morton		ST AGI	YER HO	SPITAL	1	
23o. B	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23e	NAME OF C	EMETERY OR CREMATOR		31.11/		=
13	DRIAI	1/3/84 1	ROWALSI	VILLE VET	CEMCROWNE	VILLE COUN	MD STATE	
24 Ft	UNERAL DIRECTOR	1 1 10	331	25u. D	DATE REC'D. BY REGISTRA	AR 256. REGISTRAR'S	SIGNATURE	
W	EBER FUNERAL H	TOME EDINON	DSON	A11+ 3	AN 4 1984	1 Jan	In Course	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2 3

1	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO		
2		CEASED NAME	FIRST		MIDDLE Z	EN E	ERG	20. DATE OF DEATH	28-8	36:100
	3. SE	x	ALE	4 RACE	×/HITE	5 DATE C		6 AGE (IN YEARS LAST BIRTY	MONTHS D	YEAR IT UNDER 24 H
4		RTHPLACE (STATE OF COUNTRY) NEW YORK ITY OR TOWN OF DE		11. NAME OF		WIDOWE	D NEVER MARRIED D NORCED D NORCED D	9 BALTIMORE CITY OR	COUNTY OF DEATH	ND OF BUSINESS (
3//	USU.	AL RESIDENCE (IF NUI		SIN OTHER INSTITUTION	GIVE RESIDENCE BEFORE	THE	AL	HOUSEWIF		T HOME
		STATE MO	AL COUN	EHT	131. CITY OF TOW	HORE	13d. INSIDE CITY LIMITS? YES NO THER'S MAIDEN NAMED N	13e. STREET ADDRESS	EHT C	212
Wexom.		JACOB		MIDDLE	HERMAN		FIRST ESTHER	MIDDLE		ARRIS
medico		VAS DECEASED EVE YES NOOR UNKNOWN)		E WAR OR DATES	215-03-8		17. INFORMANT M. 1 SLADE AVE			APT.806 21208 PROXIMATE INTERVAL VEEN ONSET AND DEAT
y injury, ar ather	ATION	PART 2 OTHER SIC	e lost.	conditions conditions conditions	B	Vent DEATH BUT CON	ricular a NOT RELATED TO THE TERM Siac arr N WAS PERFORMED		ITION GIVEN IN PAR	
18 shows on	L CERTIFICATION	210. ACCIDENT WAS U	NDERLYING [21b. TIME C			21c. HOW INJURY OCCURR	YES NO	TN CERTIFYING CAU YES 🗍	JSES OF DEATH?
arked or iten	MEDICAL	AT WORK AT W	RRED	21e. PLACE (AT HOME, STI	M. OF INJURY REET, FACTORY, OFFICE, F	ARM ETC.)	21f. LOCATION STREET	CITY OR TOW	COUNT	Y STATE
T: If hem 21 is m		22a. I certify that a saw the deceadobove, a (we) 22b. SIGNATURE	sed alive on		2019_		d that in (my) (apprison of the period of t	MEDICAL STAFI	120	The couses stated ATE SIGNED
IMPORTAN		22d. PHYSICIAN'S	AMI (TYPE C	- PA	ULM	D	SINAL H	OSPITAL	of BA	-LTIME
4	23a. I	BURIAL, CREMATION (SPECIFY) BURIA	, removal L	DEC. 2			EMETERY OR CREMATORY SRAEL	PALTIMORE	COUNTY	STATE STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

BP.

24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 DEISTEDSTOWN DD. BALTO., MD

21215

250 DECC 3 BOREGISTRAN 256 (FISTRAN'S SIGNALINE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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		REGISTRAR		MEI	DICAL EXA	MINER'S	CERTIFIC	CATE	OF DE	ATH REG. N	Ю.		
1		CEASED NAME OR PRINT)	E FIRST		WIDOLE		LAST			20 DATE KNOWN	HINOM	QAY YEA	2b. HOUR
-	Inte	· CRERINI)	Edgar		L.	H	Eiser,	Jr.		OF ESTI-	12-13	3 19 8	83
	3. SEX		4 RACE	S. DATE OF BIRTH	6. AG	E (IN YEARS IF U	NDER 1 YR.	IF UNDE		2c. DATE	MONTH		AR 2d HOUR
	7/1	4-	Caucasia	2 2 2 2		6 YRS.	THS DAYS	HOURS	MIN	PRONOUNCED DEAD	12-1	3 19 8	83 P. M
5			TATE OR	76. CITIZEN OF WH	AT COUNTRY?		RIED OF NE	1/50 1/10	0150	9. BALTIMORE CITY	OR COUNTY		
1	7	reign country)	7	U.S.	Α.	WIDO	_	DIVOR	-	Baltimo	re Cit	v.	445
1		TY OR TOWN		11. NAME OF HOS					12e US	UAL OCCUPATION (TY		L KIND OF	BUSINESS
1		Baltim		Univ	chity Give street AD Versity I	Hospita.	1		Des	nost of working use) ign Draftsn	ian-Ell		Macn.
1	13a S1	TATE	IN COUN		13c. CITY OR TO	OWN	13d. INSIDE C	ITY LIMITS?	13e STR	REET ADDRESS		21133	
1	Ma	ryland	Balti	more	Randai	llstown	YES 🗆	NO 2	39	22 Noyes Ci	rcle A	1pt. 1	103
2	4 FA	THER'S NAMI	E	WIGDLE	LAST		15. MOTH	ER'S MAID	EN NAM	E MIDDLE		LAST	
				y Eiser,	Sr.			Lil	lian	Baker			
7	16a. W	VAS DECEASE	DEVER IN U.S. ARA	MED FORCES? WAR OR GATES)	166 SOCIAL SE	CURITY NO.	17. INFOR	MANNIES	. Fl	orine Elser	6 MD. 2	21133	
4		Yes	WW	11	218-22-	-7135	3922	Noye	s Ci	rcle Apt. 10) 3 Ranc	lallst	own
		18 CAUSE C	F DEATH (Enter anl	y ane cause per line	far (a), (b), and ((c).)							AATE INTERVAL
		PARTIDE	MAS CAUSED	BY: E CAUSE (a) Ar	teriosc	lerotic	Cardi	ovaso	cular	Disease			
		44	12		AS A CONSEQU								
			ns, if any, which	1									
			ise to immediate) stating the under-	DUE TO, OR	AS A CONSEOU	ENCE OF							
		lying cau	use last.										
		PART 2 DINER S	IGNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL DISEA	SE DR CONDITIO	N GIVEN IN P	ART 1 (n)				
	N		•			THE PERMITTE DISER	or continu	a given in v	ART 1 (9)				
\mathcal{H}	CERTIFICATION	19a. DATE OF	OPERATION	TIPE CONDIT	ION FOR WHICH	OPERATION V	VAS PERFOR	MED?				20 AUTOP	SY?
	FIC											YES XX	
	ERTI	21a EXTERNA	AL CAUSE WAS	21b TIME OF	INJURY	21c H	OW INTURY	OCCURR	FD (ENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART		NO L
3		UNDERLYING	GOR	HOUR A.M	MONTH DAY	YEAR		OCCORR	LO (L. M.			.,	
1	MEDICAL	21d INJURY	NG CAUSE OF E		OF INJURY DATH	19	CATION						
	ME	WHILE -	NOT WHILE		ORY, FARM, ETC.)	OME,	STREET			CITY OR TOWN	COUNT	TY	STATE
		AT WORK	AT WORK	<u>, </u>									
		22a I certi	fy that I took charg	e of the remains dep	pabed alrove, hel	d an Auta	osy XX	Inspection	an .	Inquiry . a	nd in my apin	ion	
		death result	ed form Natur	of courses XX	Acoment	Sylicide _	. Home	cide .	Undet	termined manner			
			11.	+105	Z/ A	1.10	TITLE (S	PECIFY)					
		SIGNATURE	Melli	wo //	must	ninn	Assi	stant	tMED	OCAL EXAMINER	DATE SIGNED.	12-	14-83
1	And the second	EVALUEDIO	Marie Dame	de D. C	-4h /4 D				יוור	lann Ctroot			
		EXAMINER'S (TYPE OR PRI	NAME DENI	is F. Smy	/LII, WI.D	•	_ADDRESS_		111 1	enn Street			
	230.BL	JRIAL, CREMA	TION, REMOVAL 2			OF CEMETERY C			23d. LC	OCATION OR IOWN	COUNTY		STATE
		Burial		12-19-83	Md. V	eterans	Cemet	ery	Gar	rison. Ba	Itimore	e Man	17md
	24 FL	JNERAL DIREC	TORLoring	Byers Fur	ieral Di	rectors,	Inc.	250. DATE	REC'D B	REGISTRAR 256 REG	RAP'S SIG	NATURE?	1:11

DHMH - 17 (VR A15 ME (5) 20M 4/82

Byers

Byers Funeral Directors, Randallstown, MD. 21133 8728 Liberty Road

Inc. 250. DATE RECO

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) CLARENCE CLDER 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore city N. C. S DIVORCED K WIDOWED 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR NOT IN SUCH EACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore 00 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21217 SALT. 13a STATE 13b COUNTY 13d. INSIDE/CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1322 14 FATHER'S NAME 65 DER 166. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES Ave (YES, NO OF HIMMOWN) Clarence Elder Jr. 1322 N. Fremont 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: NEVMONIA IMMEDIATE CAUSE (o). TRACHEO - 550 PHAGEAC Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF PSOINAGEAL CANCER underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATHS -NO YES [21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the decease alive an above. (1) we) (did) (vid not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

SENCE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

22b. SIGNA WR

23c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

77e ADDRESS

DEGREE

ATTENDING

236 LOCATION CITY OR TOWN Baltimore

STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

STATE Md

UEC 1 0 1000 24. FUNERAL DIRECTOR William C. March F/H 1101 E. North Ave

carager see after to Various Herry SACT. K 1322 N FRENNET FUE 3004 DISSAA SMOTO SHIMAT 1919-W-048 Park Spire LIMBER OSE PHARMERY ESTUTY ELLIMOUNL CHAPTERL 2 58 of 11 48 0 hips alter 200 Level Mis July 200 pe 10/16/83 LACKBOLE MCHILLY

Edmondson Avenue; Catonsville, Md.

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 31 10:454 12 -83 IF UNDER TYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH B altimore City. in Char Tean Road212 Shields Md. 201 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [COUNTY 22c. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

and the second of the second of the second

STATE OF MADVIAND

	INICO			2
DEPARTMENT	OF HEAT	LTH AND	MENTAL	HYGIENE
CER	TIEL	ATE OF	DEATH	

CERTIFICATE OF DEATH REG NO 7a DATE OF DEATH 7b. HOUR R. EMGE 83 12 11:00PM IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY)

170 USUAL OCCUPATION

13e.STREET_ADDRESS / ZIP CODE

MIDDLE

ADDRESS

3 SEX 4 RACE White 26. 1908 Male eb. To BIRTHPLACE ISTATE OR FOREIGN

76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

anuland WIDOWED DIVORCED [

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TITY OR TOWN OF DEATH

VETERANS ADMININSTRATION MEDICAL BALTIMORE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE 113b COUNTY Daltimore 13d. INSJDE CITY LIMITS? laruland

15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Unknown ____

THEODORE

160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO YES NO OR UNKNOWN) 220 09 2068

17. INFORMANT Mrs. Ruth M. Emge, Same as above

Riain Thing

20a AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN

Sophie

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a

Decas 19a DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

716 TIME OF INJURY HOUR A.M. MONTH DAY

PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY

AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

211 LOCATION

DEGREE

ATTENDING

PHYSICIAN

(a) (our) opinion death occurred on the date and have and from the causes stated

ORE CITY OF COUNTY OF DEATH

Lenk

22c. DATE SIGNED 12/10/83

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

STATE

Store

Unknown

Arbutan Ave. Balto. Md. 21230

70h. IF YES, WERE FINDINGS USED

COUNTY

83

IN CERTIFYING CAUSES OF DEATH?

3900 Loch Raven Blvd.

22e ADDRESS

Balto., Md. 21218

DIRECTOR PHYSICIAN

Len Burnie, A. A. O. Maryland

24 FUNERAL DIRECTOR

Willy Funeral Home, 237

E. Patapsco Ave. Bal

MEDICAL

8

0

MPORTANT:

d b

CERTIFICATION

- STATE REGISTRAR

TYPE OF PRINTS

DECEASED NAME

underlying

Conditions, if ony, which

couse

gove rise to immediate (o), stoting

710 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

220.1 certify that (this hospital) attended the deceosed from sow the deceosed alive on DECEMBER 9, 19_

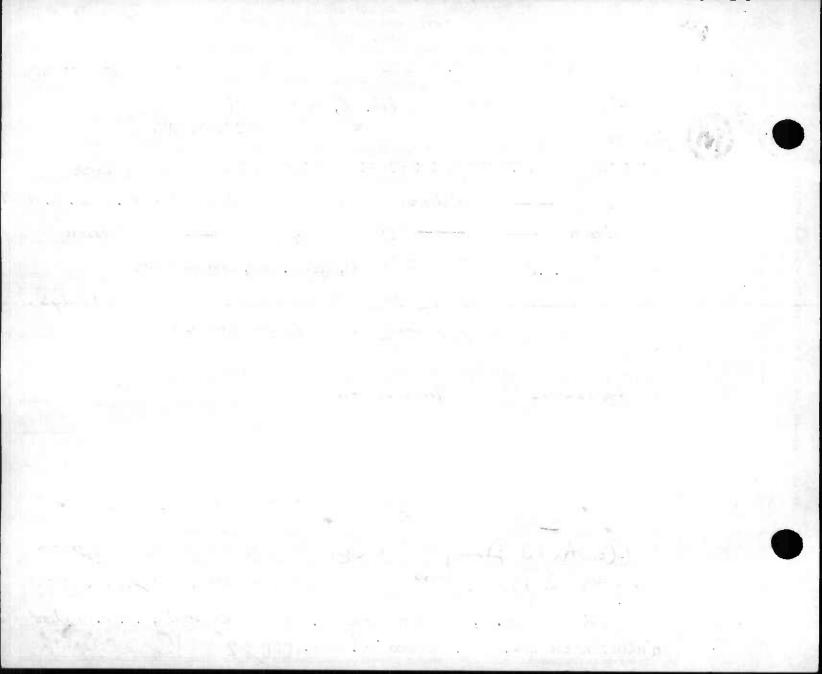
23c NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Park

YEAR

19

DHMH - 16 50M 4/83 (VRA 15, 4)



1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND I	MENTAL HYG		EG. NO.	lan		3 (,
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST		20 DATE OF DE	HINOM HIA		YEAR 63	2h. HOU	
9.65	<u> </u>	LEO		D	5. DATE C	GEL		6. AGE (IN YEARS	AST RIPTUDAVI	IF UNDER	DIVEAD	# UNDER	7+ MPS
3. SE	MALE	ľ	RACE WH	ITE	MONTH 10	DAY	96	87		MONTHS:		HOURS	MIN.
	IRTHPLACE (STATE OF COUNTRY) NEW YORK	FOREIGN 76		WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER A	AARRIED .	9. BALTIMORE O	_		ATH		MD.
	ITY OR TOWN OF DE LTIMORE C	TY I	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET, AGNES H	ADDRESS)		ITUTION	12a USUAL OCC (TYPE OF WORK FOR OW		ING LIFE IND	KIND OF USTRY AUNI		SS OR
13a	AL RESIDENCE (IF NUI STATE MARYLAND	136. COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW CATONSVI	N	13d INSIDE C	NO 🛣	13e STREET ADD 1400 K), 2	1207	
14. F/	DENNIS	L	DOLE	ENGEL			MAIDEN NA/ FIRST SAN		DDLE	McC	UNC		
	WAS DECEASED EVE YES, NO OR UNKNOWN) NO	(IF YES, GIVE V		075-10-8		17. INFORMA ELIZA		ULVANEY		RANSTO NDON F			905
	Conditions, if on gove rise to im couse (a), stat underlying couse	WAS CAUSED IMMEDIATE y, which imediate ing the	DUE TO, O		ENCE OF	Sta Hypo wive	ateux	Still ion	1 T		APPROXIMEN O	AATE INTEI INSET AND	VAL DEATH
NOI	PART 2. OTHER SIC	onificant co			DEATH BUT	NOT RELATED		INAL DISEASE OF		old Infe	ART Ito	MI,	osešil
CERTIFICATION	19a DATE OF OPER	ATION	IN. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES NO		IF YES, WERE ERTIFYING O YES [H?
	210. ACCIDENT WAS US OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEATH	Ρ.	M. MONTH DA	AY YEAR			RED (ENTERNATURE	OF INJURY IN ITE	M 18 PART I OR	PART 2)		
MEDICAL	WHILE NOT V	VHILE	21e. PLACE (AT HOME, STE	OF INJURY REE1, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATIO	N	CII	Y OR TOWN	CO	UNTY	5	TATE
	22a.1 certify that (saw the decea			19		nd that in (my)		death occurred or	the date and	d hour and fr			

22h SIGNATURE 22d PHYSICIAN'S NAME

DEGREE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
REMOVAL/BURIAL

23t. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION
CITY OR TOWN
YONKERS WESTCHESTER

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

MPORTANT: If Hem 21 is marked or Hem 18 shaws

AL 12-06-83 BALTO., MD. DHMH - 16 50M 4/83 (VRA 15, 4)

ST. JOSEPH 21229

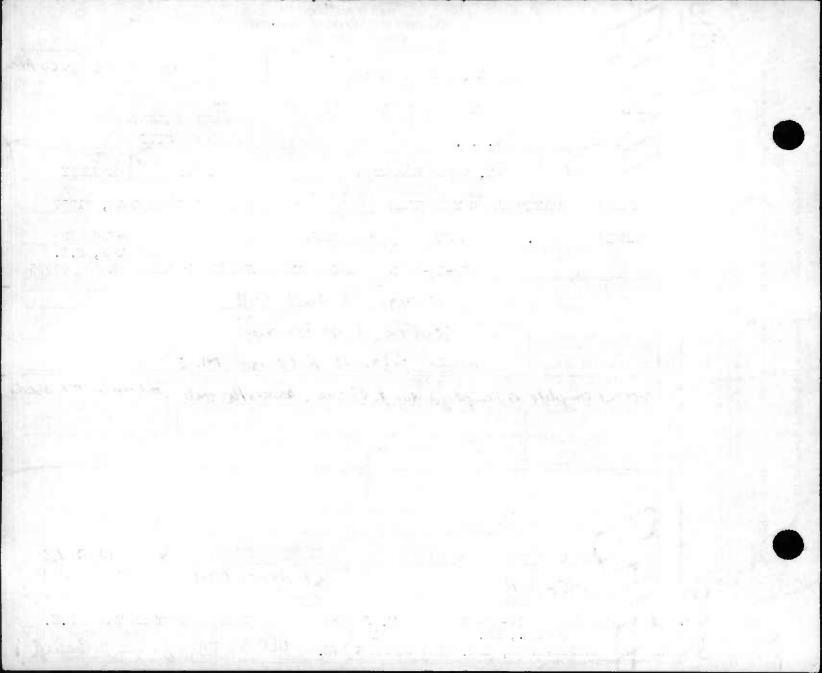
DEC 5

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

236. DATE

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE SIGNED



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

11	
4	
0	1

Puneral director, page 3 thin 72 hours after death

STATE OF MARYLAND

IDECEASED NAME	1 - STATE REGISTRAR		DEPART		ATE OF DEATH	HYGIENE	REG. NO).			
THEODORE MCKINLEY ENGLAR December 22, 1983 1. SEX Male White Feb. 9 PAY 1921 Feb. 1974 Feb. 1974 Feb. 9 PAY 1922 Feb. 9 PAY 1924 Feb. 1924 Feb. 9 PAY 1924 Feb. 9 PA	DECEASED NAME	FIRST	MIDDLE	LAS		20 DATE C	OF DEATH A	HTMON	DAY YEAR	26 HOUR	
Male White Feb. 90x 1971 62 yes common part of the country of the part of the		THEODORE	McKINLEY	ENGI	AR	Dec	ember	22.	1983	1:30 1	0
Table Part December Table Ta	SEX	4. RACE	E				YEARS LAST BIRTH	IDAY	IF UNDER 1 YEAR		HRS
To BRITHPIACE (INTER OF OPERATE BATTIMORE CITY OF COUNTY OF BEATH MARRIED WOOWED DNORCED BATTIMORE CITY OF COUNTY OF BEATH BATTIMORE CITY IMMITS' BUSINE CITY OF COUNTY OF BEATH BATTIMORE CITY IMMITS' BATTIMORE CITY OF MAIN IMMITS'	Male	1	White	Feb.	9 . 1921	62		VPS	MONIHS: DAYS	HOURS	AIN
Maryland U.S.A. WIDOWED DORCED Baltimore City III. HAME OF HOUSTEL, NURSING HORE OR OTHER INSTITUTION Baltimore U.S. A. WIDOWED DORCED BALTIMOTE OR THE INSTITUTION Baltimore U.S. A. WIDOWED DORCED BALTIMOTE OR THE INSTITUTION Baltimore U.S. A. WIDOWED DORCED BALTIMOTE OR THE INSTITUTION Baltimore U.S. A. WIDOWED DORCED BALTIMOTE OR THE INSTITUTION OF THE INSTITUTION		OR FOREIGN 7b. CITI	ZEN OF WHAT COUNTRY?				ORE CITY OF		OF DEATH		_
IB CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TOWN OF DEATH Baltimore C226E Laurelton Ave. Salesman Town of Death Town or State Address Town or Salesman Town or Salesma			U.S.A.			Bal	timor	e Ci	tv		м
18. STATE 18. COUNTY 18. CTY OR TOWN 18. CTY OR TOWN 18. MATCH 18.	Baltimore	e 622	not in such facility, give street 26E Laurel 1	ON AV	OTHER INSTITUTION	(TYPE OF WO	RK FOR MOST OF		E) INDUSTRY		0
MCKINLEY Englar Effic O'Brie O'Brie O'Brie O'Brie O'Brie O'Brie O'Brie Is WAS DECEASED EVER IN U.S. ARMED FORCES? If WAS DEATH Enter only one cause per line fac (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Government of the Underlying cause of lost. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110: THE DATE OF OPERATION IP DATE OF OPERA	3a. STATE	136 COUNTY	13c. CITY OR TOW	'N II	37	S? 13e STREET	ADDRESS	urel	ton Av	21214 7e.	Ī
Security	FIRST		Englai	2	FIRST	NAME					
State Stat				JRITY NO. I	7 INFORMANT		ADDRES	SS	21	214	
PART I. DEATH WAS CAUSED BY: Cancination Difference Difference	Yes			3021	essie T.	Engla:	r, 62:	26E	Laure]	Lton A	11
OR CONTRIBUTING CAUSE OF DEATH OF A.M. MONTH DAT TEAK [IF EITHER NOTIFY MEDICAL EXAMINER] WHILE NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM ETC.] 21l. LOCATION STREET CITY OR TOWN COUNTY 22c. I certify that (i) (this hospital) attended the deceased from OFFICE, FARM ETC.) 22c. I certify that (ii) (this hospital) attended the deceased from OFFICE, FARM ETC.) 22c. I certify that (ii) (alid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DEC. 23	gove rise to in couse (a), sto underlying cou	ony, which immediate acting the buse last. CIGNIFICANT CONDIT	(b)	DEATH BUT N				20b. IF YES	S, WERE FINDI	NGS USED	=
OR CONTRIBUTING CAUSE OF DEATH OF A.M. MONTH DAT TEAK [IF EITHER NOTIFY MEDICAL EXAMINER] WHILE NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM ETC.] 21l. LOCATION STREET CITY OR TOWN COUNTY 22c. I certify that (i) (this hospital) attended the deceased from OFFICE, FARM ETC.) 22c. I certify that (ii) (this hospital) attended the deceased from OFFICE, FARM ETC.) 22c. I certify that (ii) (alid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DEC. 23						YES 🗆	NOX			NO [ľ
22a. I certify that (i) (this haspital) attended the deceased from Set DISCIL 19 10 10 10 10 10 10 10 10 10 10 10 10 10	OR COLUMNIA IN IO	CAUSE OF DEATH	OUR A.M. MONTH D. P.M.	AY YEAR 19		CURRED (ENTER N	NATURE OF INJURY	IN ITEM 18 P	PART I OR PART 2)		
27a. I certify that (i) (this haspital) attended the deceased from COLOSCIL 19 10 10 19 10 10 19 10 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10		T WHILE [CITY OR TOW	/N	COUNTY	STAT	E
ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEC. 23	22a. I certify that	(1) (this hospital) atte	ended the deceosed from 19 the body after death.			, 10		le and hou		that ((we)	
	-	Jn.			ATTENDIN PHYSICIA	NG MEDICAL	STAFI	AN 🗌			
David J. Nagel, M.D. 1205 York Rd.		STATE OF STA	el M D			rk Pd					
238. BURIAL, CREMATION, REMOVAL 23B. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION				NAME OF CEA			ATION				=
(Secie) Parky 1 Doc 24 1983 Moreland Mem. Pk. Parky 1 de Balto. M	(SPECIFY)	Do a	24 1083 M	arelar	d Mem I	ok Par	KVI A	e B	alto.	MdSTAT	E
Burial Dec. 24, 1983 Moreland Mem. Pk. Parkvilee, Balto, M. Problem Co. ALTENBURG FUNERAL HOME, INC. 250 PARE DE STATE DE COMPANY DE	DUITAL	DEC	IDC PUMPS	TETGI	TATO 126	DATE REGIO A	SEC PER VOIS	Sh RECLICT	PAP'S CENT	A State of	-
MOSERTCIC. ALTENBURG FUNERAL HOME, INC. 15 DEL REP 3 RESONAR 256 DE LES SONAR 186 6009 Harford Rd., Balto., Md. 21214	RUBERT	• ALTENB	UKG FUNERA	L HOM	INC.	11 23	1985	The state of	ONA	Short	

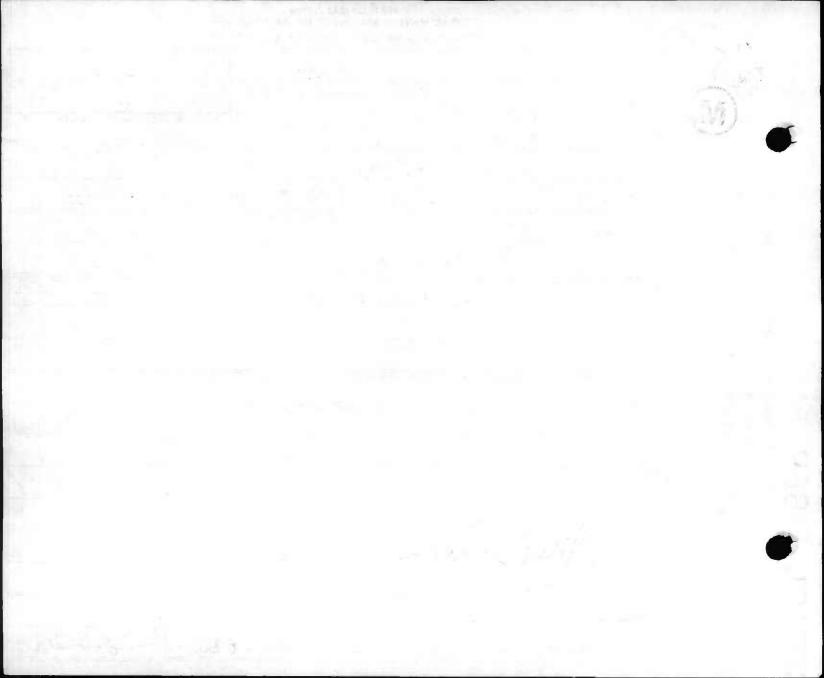
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Negrotes and personal in the resistence of the contract of mottemas iit , matem . S retar u 2158-22-21 tz William

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ECEASE		FIRST			MIDDLE			LAST			20. DATE	KNOWN	V	MONTH	OAY YE	AR 2b
-	PE OR PRIN	1	SUSA	AN		D		ENS	MINGE	R		OF	MATED		12	15 198	3
3. SE	x Tema.		_{RACE} White	5. DATE	29,	19 ^{YEAR}	6. AGE (IN YEA LAST BIRTHDA 25	ARS IF UN	DER I YR.	IF UNDER	24 HRS. MIN.	PRONOU!	NCED		MONTH 12	15 19 E	EAR 2d
(a.	OREIGN CO	CE (STATI	EOR	7b. CITI	U.S.A		TRY?	8. MARRI WIDOW	ED NE	VER MARR		9 BALTIA Balti				TY OF DEAT	Н
10. 0		own of		(IEN	ME OF HOSI OT IN SUCH FAC Versit	CILITY, GIVE ST	INCC I MODILE DO	, оr отн TU)	er institu	TION	12e USU	ALOCCU MOST OF WO IE Maj	PATION	(TYPE O	F WORK	12b KIND O OR IND	
	AL RESID		13b COU		ISTITUTION, GIV	13c CITY Bal	OR TOWN timore	ON)	13d. INSIDE (ITY LIMITS?	13e STR 622	EET ADDR	^{ESS} amore	· 1	Rđ	21214	1
14.1	ATHER'S	nald		MIDDLE	1	Vink	LAST			R'S MAIDI RST Pald		A	MIDDLE	Aı	ndry	kes (AST	
160.	WAS DE	CEASED E	VER IN U.S. A	RMED FOI	RCES?	150	-50-81		17. INFOR	onald	a m v	ink	622		Tran	nore Ro	7
	18 C	USE OF E	DEATH (Enter of													APPROX BETWEEN	MATE INTI
										(hane							
	1	-	IMMEDI.				t wound		head	man	igun)						
	9	555	0	(t wound		head	(Haric	<u>aguri)</u>						
	9		if any, which to immediate	th te					head	(Hark	aguri)						
	9	ve rise use (a) st	if any, whice to immediate oring the under	th te	(b)	AS A CON		OF	head	Tianc	<u>igun)</u>						
	9 c/ <u>l</u> y	ove rise use (a) st ng couse	if any, which to immediate oring the under last.	th te	(b) OUE TO, OR (c)	AS A CON	ISEQUENCE C	OF OF									
7	9 c/ <u>l</u> y	ove rise use (a) st ng couse	if any, whice to immediate oring the under	th te	(b) OUE TO, OR (c)	AS A CON	ISEQUENCE C	OF OF									
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	PART 2 19a D 21a E: UNDE	ove rise ouse (a) st ong couse THER SIGNI TERNAL REYING REYING TERNAL TE	if ony, which to immediate the under lost. FICANT CONDITION PERATION CAUSE WAS CAUSE OR CURPED	ch te contribut	(c) NO TIME OF HOUR AM P.M. TIE PLACE C	AS A CON AS A CON INT NOT RELA ION FOR INJURY . MONTH . 12-1 OF INJURY	ISEQUENCE CONTENTS OF THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8 (AT HOME.	DF DF ATION W 21c. HC 21l. LO	OR CONDITION AS PERFOR OW INJURY 215-ir CATION	MED?	RT Lia			A 18 PAR	_	Head YES	PSY? Only
MEDICAL CERTIFICATION	PART 2 19a D 21a E: UNDE	ove rise ouse (a) st ong couse THER SIGNI TERNAL REYING REYING TERNAL TE	if ony, which to immediate the under lost. FICANT CONDITION PERATION CAUSE WAS CAUSE OR CURPED	ch te contribut	(b) DUE TO, OR (c) ING TO DEATH I PLANTING OF HOUR AMA PLANTING	AS A CON AS A CON IUT NOT RELA ION FOR INJURY INJURY 12-1 SF INJURY ORY, FARM, E	ISEQUENCE CONTENTS OF THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8 (AT HOME.	DF DF ATION W 21c. HC 21f. LC 21f. LC	OR CONDITION AS PERFOR WINJURY CATION IRREET	MED? OCCURRE	IRT 1 10	CITY OR TO	OWN	A 18 PAR	_	Head	Only X
	PART 2 19a D 21a E: UNDE CONT 21d IN WHIL	TERNAL CRITICAL CORRESPONDENCE OF O	if ony, which to immediate the under lost. FICANT (ONDITION PERATION CAUSE WAS OR CAUSE OF	F DEATH	(b) OUE TO, OR (c) ING TO DEATH I	AS A CON AS A CON BUT NOT RELA INJURY MONTH 12-1 DE INJURY ORY, FARM, E SE	JSEQUENCE CONTROL THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8: (AT HOME.	ATION W 21c. HC 21f. LOG 21f. LOG 460 Head	OR CONDITION AS PERFOR DW INJURY 21 f - ir CATION 109 Han	med? occurre	RITIO	city or to	lto.		co	Head YES	On Ly
	PARI 2 19a D 21a E: UNDE CONI 21d IN WHILL AT W	TERNAL ILLUMINATION OF THE SIGNI	if ony, whice to immediate to immediate to immediate to the under lost. FICANT CONDITION CAUSE WAS CAUSE OF	F DEATH	(c) 196 CONDIT 196 CONDIT 197 CONDIT 198 PLACE CONDIT 198 PLACE CONDIT 199 PLA	AS A CON AS A CON BUT NOT RELA INJURY MONTH 12-1 OF INJURY OSY, FARM, E SE cribed abo	JSEQUENCE CONTROL OF THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8. (AT HOME. TC.)	ATION W 21c. HC 21f. LOC 21f. LOC 460 Heac	OR CONDITION AS PERFOR WINJURY OF LATION OF HAM O	MED? OCCURRE OFFICE Inspection	ED (ENTER)	city or to	lto.		_	Head YES	On I
	PARI 2 19a D 21a E: UNDE CONI 21d IN WHILL AT W	TERNAL CRITICAL CORRESPONDENCE OF O	if ony, whice to immediate to immediate to immediate to the under lost. FICANT CONDITION CAUSE WAS CAUSE OF	F DEATH	(c) 196 CONDIT 196 CONDIT 197 CONDIT 198 PLACE CONDIT 198 PLACE CONDIT 199 PLA	AS A CON AS A CON BUT NOT RELA INJURY MONTH 12-1 DE INJURY ORY, FARM, E SE	JSEQUENCE CONTROL OF THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8. (AT HOME. TC.)	ATION W 21c. HC 21f. LOG 21f. LOG 460 Head	OR CONDITION AS PERFOR OW INJURY CATION TREET OP Ham Homi	MED? OCCURRE OFFICE Inspection	ED (ENTER)	city or to	lto.		co	Head YES	On Ly
	PART 2 19a D 21a E: UNDE CONI 21d IN WHIL AT W 22 deat	TERNAL REPUBLICATION OF THE SIGNIA TO THE SIGNIA THE OF O	if ony, whice to immediate to immediate to immediate to the under lost. FICANT CONDITION CAUSE WAS CAUSE OF	F DEATH	OUE TO, OR (b) (c) ING TO DEATH 1 P.M. 21e. PLACE C STREET, FACT hous	AS A CON AS A CON BUT NOT RELA INJURY MONTH 12-1 OF INJURY OSY, FARM, E SE cribed abo	JSEQUENCE CONTROL OF THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8. (AT HOME. TC.)	ATION W 21c. HC 21f. LOC 21f. LOC 460 Heac	OR CONDITION AS PERFOR OW INJURY OF LATION OF HAMIL TITLE (S	MED? OCCURRE OFFICE Inspection Inspection OFFICE	ED (ENTER) Led. Led. Under	Inquiry	own lto.		in my at	Head YES	Only X
	PART 2 19a D 21a E: UNDER CONTI	TERNAL REPUBLICANT OF COMMENTS	if ony, which to immediate the immediate of the immediate	F DEATH Trge of the tural cause	OUE TO, OR (b) (c) ING TO DEATH 1 P.M. 21e. PLACE C STREET, FACT hous	AS A CON AS A CON BUT NOT RELA HON FOR INJURY MONTH 12-1 ORY, FARM, E SE cribed abo Accident	JSEQUENCE CONTROL OF THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8. (AT HOME. TC.)	ATION W 21c. HC 21f. LO's 460 Autop: icide X	OR CONDITION AS PERFOR OW INJURY OF LATION OF HAMIL TITLE (S	MED? OCCURRE OFFICE Inspection	t Ave	Inquiry ermined m	OWN Ito.	ond	on my op	Head YES	Only 36-83
MEDICAL	PART 2 IPa D 21a E: UNDE CONT 21d IN WHIL AT W 22 deat	TERNAL RELYING RIBUTINO CORK I certify I resulted NER'S NA DR PRINT	if ony, which to immediate the immediate of the immediate	F DEATH F DEATH Mr. D	(c) NO TO OFATH I OUE TO, OR (c) NO TO OFATH I OUE TO, OR (c) NO TO OFATH I OUE TO, OR OUE TO, OR (c) NO TO OFATH I OUE TO, OR OUE TO, OR	AS A CON AS A CON BUT NOT RELA ION FOR ' INJURY MOTH 12-1 FINJURY ORY, FARM, E SE cribed aba Accident M.D.	JSEQUENCE CONTROL OF THE TERMINAL WHICH OPER. DAY YEAR 4- 19 8. (AT HOME. TC.)	ATION W 21c. HC 21f. LOO 21f. LOO 460 Autop: icide X	OR CONDITION AS PERFOR OW INJURY 21 - 1 r CATION IREET 1 J ASS ADDRESS	MED? OCCURRED Inspection In	ED (ENTER) L AVE Under	Inquiry ermined m	OWN Ito.	ond	on my op	Head YES DUNITY Printed Page 12-15	Only 36-83



DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumatic event, the medical

FOR

STATE OF MARYLAND

DEPARTMENT OF REALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MON	TH DAY YEAR	2b HOUR
(17)	James	a A	Epes		12-3-83		M
3. SE	x Male	Black	S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL		1 1 1 ton	9. BALTIMORE CITY OR CO	UNITY OF DEATH	
	COUNTRY)		MARRIE	NEVER MARRIED			
10.0	ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL	WIDOWE		Baltimore,		MD. OF BUSINESS OR
	Balto.	3310 In	gleside	Ave.	(TYPE OF WORK FOR MOST OF WOR Retired		
USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13t. CITY C		13d INSIDE CITY LIMITS?	3310 Ingle	CODE	e 21219
14. F.	ATHER'S NAME	1 200	200.	15. MOTHER'S MAIDEN NA		SIGE AV	6. 2121
	James	Epes	AST	Berdie	WIDDLE	Carter	AST
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS		
	YES, NO OR UNKNOWN) {IF YES, G			Joseph Epes	s 6618 MT. V	ermon P.	1.21215
	18. CAUSE OF DEATH (Enter of	only ane cause per line fa	ib and in	10	1	BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUS		racio,	believe	2 me	16	
	4295 IMMEDIA	ATE CAUSE (a)	-	1	1		
	1010	DUE TO, OR AS A CON	NSEQUENCE OF	Acros			
	Conditions, if any, which	(b)		1/300:0			
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A COM	USEQUENCE OF				
	underlying cause last.	(c)	1324021102 01				
	PART 2. OTHER SIGNIFICANT		NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIC	N GIVEN IN PART	ltas
Z	Obile o	17 RAT	· M	101 (51)) I district on contains		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FIND	INGS USED
5	THE DATE OF GREATION	IN. COMPINONTON	WHICH OF ERATIO	TO THE OWNER	IN	CERTIFYING CAUSE	S OF DEATH?
E				1	YES NO	YES []	NO 🗌
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	TIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	EM IB PART I OR PART 2)	
¥	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OF TOWN	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC)	STREET	A	()	SIAIE
		12-12-14-14-14-14-14-14-14-14-14-14-14-14-14-	1	- 2	. 11.10) 10	31
	220.1 certify that (1) (this hase			d that in (mu) (qur) apinion	death occurred an the date a	, IV	, mar (II (we) last
	abave, (1) (we) (did) (did n	n view the bady after death			death occurred all the date a		
	22b. SIGNATURE			DEGREE	A COLOR OF THE COLOR	22c. DAT	E SIGNED
	1800	olary	The	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 1/2	. (- 8
	224 PHYSICIAN'S MAME (TYPE	OR PRIMS		224 ADDRESS	A - 1	- 00	110
	SIC	KMAT	TANI	(5616	V perlente	my pech	420
220	BURIAL, CREMATION, REMOVA	1 1224 DATE	123. NIAME OF C	EMETERY OR CREMATORY	173d LOCATION	Buth	1
230.	Burial, CREMATION, REMOVA	12-8-83		Hill Cem	Brooklyn	COUNTY	STATE
		12-0-09	Cedai				MD.
	UNERAL DIRECTOR	A	ODRESS		TE REC'D. BY REGISTRAR 256.	EGISTRAR'S SIGNA	ATURE
(Chas.A.Rice H	SPA 1300 E	itaw Pl.	, DE	C 9 1983 S	boles 2.	Carried

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		_1 1 1		
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		401	2502	
CISIS.LE ROMEE. D	Lef bads	46-406		
	S.			
	13			
		Table	ing out atte	esser.

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

	DECEASED NAME FIRST TYPE OR PRINT) Vada	Irene	Erb	20 DATE OF DEATH MONTH	26 83 750
3	Female	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER LYEAR IF UNDER A MONTHS DAYS HOURS
7	o. BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	₩ Baltimore	City
1	Baltimore	Garden Villa	ge Nursing Cen	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IZE KIND OF BUSINES
13	USUAL RESIDENCE IF NURSING HOME OF STATE HIS COU		ridge 134 INSIDE CITY LIMITS	120/ Mckins	try Mill Ro
1	FATHER'S NAME UNKNOW		is mother's maiden	OWN	1 AST
2 16	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC 220-28		ADDRESS	
	Conditions, if any, which gave rise to immediate cause [0], stating the underlying cause last	DUE TO, OR AS A CONSEQU	DENCE OF LISTER ALTERNATION OF LINE OF	Disim	year
) NOTICE OF	Conditions, if any, which gave rise to immediate cause 10), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CONTRIBUTING TO	UENCE O LA CATALINA DEBATH OF NOT RELATED TO THE T	200 AUTOPSY? 206. IF	GIVEN PART 1101 ES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
7	Conditions, if any, which gave rise to immediate cause Io), stating the underlying cause last PART 2 OFFER IGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IFETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL TO THE TOTAL	DEATH OF NOT RELATED TO THE TO	200 AUTOPSY? 206. IF	ES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
7	Conditions, if any, which gave rise to immediate cause Io), stating the underlying cause lost PART 2 OPPERATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINES AT WORK AT WORK 21a. I certify that (I) (A sow the deceased alive or sow the deceased alive or sow the deceased olive or sow the deceased of the deceased olive or sow the deceased olive or sow the decease	DUE TO, OR AS A CONSEQUENCE TO THE TOTAL OF	DEGREE DENCE O LIENCE O	20g AUTOPSY? 20b. IF YES NOT	ES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18. PART 1 OR PART 2) COUNTY STA

DHMH-16 60M 1/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in the the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shoulds a little and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

12 20 00 70 71 and the same of th Land of the contract of the co 12/5/ 10 10/10/ 93 10/21/ 10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbompapers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. IMPORTANT: If them 21 is marked or then 18 hours only injury, or other traumatic event, the medical

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26_HOUR
(TYPI	OR PRINT) Isal	pella	G	Erdi	man	December	5, 1983		M GOE OI
3. SE	Х	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		THE DAYS	IF UNDER 24 HRS
	Female	White		June	e 22, 1888	95	YRS.		,,,,,,
	IRTHPLACE (STATE OR FOR COUNTRY) Maryland	76 CITIZEN OF	·A .	8. MARRIE WIDOWE	D NEVER MARRIED	Baltimore City of Baltimor		DEATH	MD.
para de	TY OR TOWN OF DEATH Baltimore	GOOD IN SI	Samaritai	ADDRESS) n Hos	or other institution pital	12a. USUAL OCCUPAT {TYPE OF WORK FOR MOST OF Housewife	OF WORKING LIFE)	126. KIND C INDUSTRY	OF BUSINESS OR
13a.	AL RESIDENCE (IF NURSING STATE 13 aryland	G HOME OR OTHER INSTITUTION BLOOWNTY	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimos	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 2802 Harv	iew Ave	21	234
	ATHER'S NAME FIRST John	$\stackrel{\scriptscriptstyleMIDDLE}{E}$	Gail	8.	15. MOTHER'S MAIDEN NAM Catherine	MIDDLE		itz LA	ST
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	217-03-5		17. INFORMANT Mrs Margare	ADDR et <i>I Lynch</i>			As 13e
CERTIFICATION	gove rise to immer cause (a), stating underlying cause PART 2. OTHER SIGNIF	the last. DUE TO, (c)		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, W	ERE FINDI	NGS USED
IFIC						YES NOT	IN CERTIFY IN	_	OF DEATH?
MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURREI WHILE AT WORK AT WORK	JSE OF DEATH LEXAMINER) D 21e PLACI	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F	19	211. LOCATION STREET			(OUNTY	STATE
	22a.1 certify that (I) (N saw the deceased above, (I) (we) (die	11	12 19 5	10 xc	nd that in (my) (ow) apinian o		5 19. late and haur ar	83 nd fram the	that (I) (we) last couses stated
	226. SIGNATURE	ele Da	udal.	m C	. 7	MEDICAL STA		12 DATE	6-83
	22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	rf M D		22e ADDRESS 7403 Harfor	rd Rd Ral	timore,	Marii	land
23a	BURIAL, CREMATION, RE			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	CIMOL C)	ricit 9	
	(SPECIFY) Burial	12/8		Oak	Lawn	Baltimo	re, Mar	ounty uland	STATE
24 F	LINEPAL DIPECTOR	/-	100		250 DATI	F REC'D BY REGISTRAS	25h REGISTO A	D'S SIGNA	TIIDE

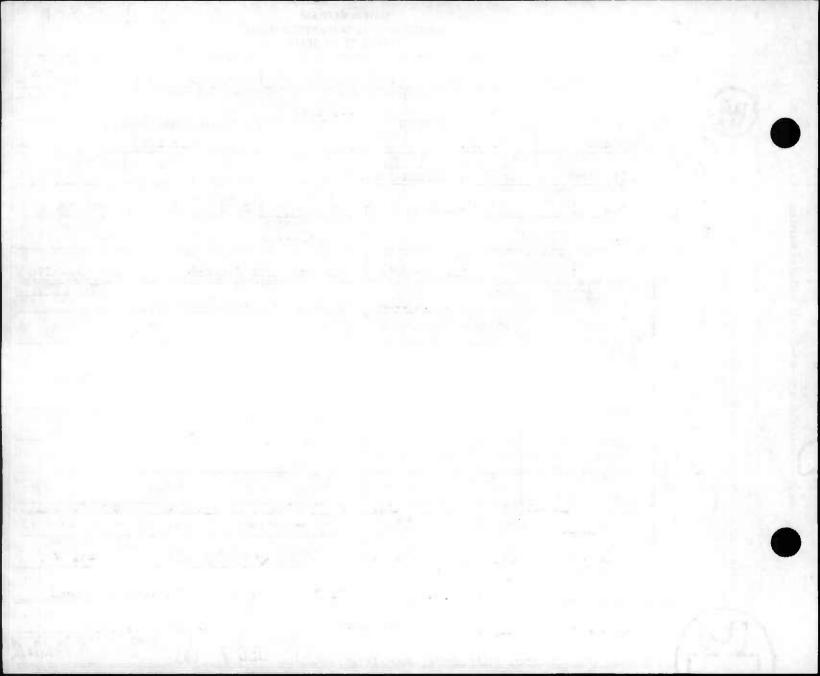
DHMH - 16 50M 4/82 (VRA 15, 4)

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Leonard J Ruck Inc. Baltimore, Maryland

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of director, page 3 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DECE.	REGISTRAR				CEKTIF	ICATE OF I	EAIR	RI	G. NO			
	ASED NAME	FIRST	Ā	AIDDLE	i.	AST	115	20 DATE OF DEA		DAY	YEAR	2h HOUR
[TYPE OR	PRINT	linnie		L.	Erne	st			12-	1- 8	83	11:40
3. SEX	emale	4.1	RACE Whi	te	5. DATE C		1898	6. AGE (IN YEARS)	AST BIRTHDAY) 85 YRS	IF UNDER	DAYS	IF UNDER 2
7a. BIRTI	HPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?	8.	D NEVER		9. BALTIMORE CITY OR COUNTY OF DEATH				
JO. CITY	th Caroli OR TOWN OF DEA altimore	ATH 11.	St.	HOSPITAL, NURSIN HEACILITY, GIVE STREET A	ADDRESS)	R OTHER INS	VORCED	Baltimo 12a USUAL OCC (TYPE OF WORK FOR Seams	UPATION	12b IND	USTRY	BUSINES hing
Ma:	ryland	Howa:		GIVE RESIDENCE BEFORE 136 CITY OR TOW Elkride	N	13d INSIDE C	NO 🔀	13e STREET ADDI 6358 Lo			, 21	227
16a WA	HER'S NAME PIRST Unknown S DECEASED EVER NO OR UNKNOWN) NO	IN U.S. ARME	D FORCES?	Bennett 16b. SOCIAL SECU 212-05-0		I7. INFORMA	INT	nkno	ADDRESS	bria	r Rd	
	underlying couse	1051.	(0)	arun	omo	1 01	VIL	um				
	PART 2 OTHER SIG											
	PART 2 OTHER SIGN			TION FOR WHICH	OPERATIO	N WAS PERFO		200 AUTOPSY YES 200 NO	20b. IF Y	GIVEN IN P YES, WERE TIFYING C YES []	FINDIN	GS USED
CERTIFICATION 15	DATE OF OPERA	THON 183 DERLYING CAUSE OF DEATH	19h CONDI	TION FOR WHICH TO NO FINJURY M. MONTH DA	OPERAJOI	N WAS PERFO	ORMED	20g AUTOPSY	20b. IF Y	YES, WERE TIFYING C YES []	FINDIN	GS USED OF DEATH
EDICAL CERTIFICATION	On DATE OF OPERA OR COIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 14. INJURY OCCUR	TION B CAUSE OF DEATH CAL EXAMINER) RED	21b. TIME O HOUR A.J	TION FOR WHICH TO NO FINJURY M. MONTH DA M.	OPERATION AV YEAR 19	N WAS PERFO	ORMED UM UJURY OCCURI	200 AUTOPSY YES DO NO	20b. IF Y	YES, WERE TIFYING C YES []	FINDIN AUSES (GS USED OF DEATH
MEDICAL CERTIFICATION	DO DATE OF OPERA 1	THIN BY SOME THE CALEXAMINER) RED HILE CHIS OF DEATH (ALEXAMINER) RED (this hospital) ed alive on	21b. TIME O HOUR AJ P.J. 21e. PLACE (AT HOME. STR	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY CET, FACTORY, OFFICE, F. deceosed from 19	OPERATION AY YEAR 19 ARM, ETC.)	211 LOCATION STREET	IRMED LIM JURY OCCURI	200 AUTOPSY YES DO NO	2 20b. IF Y IN CER!	YES, WERE THEYING C YES B PARTION COL	FINDIN AUSES (GS USED OF DEATH NO STA
MEDICAL CERTIFICATION	DATE OF OPERA 1 30 10. ACCIDENT WAS UN OR CONTRIBUTING OF EITHER NOTEY MED 14. INJURY OCCUR WHILE NOTEY MED 20. I certify that (II) Sow the decease obove, (I) (we) (27. SIGNATURE	THIN GO TO THE CALEXANINER) RED THE (I this hospital) (this hospital) And (did not) v	21b. TIME O HOUR AJ 21c. PLACE (AT HOME, SIR ottended the	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY CET, FACTORY, OFFICE, F. deceosed from 19	OPERATION AY YEAR 19 ARM, ETC.)	211 LOCATIN	INMED JURY OCCURI ON (our) opinion ATTENDING PHYSICIAN	200 AUTOPSY YES (2) NO RED (ENTER NATURE 6)	2 20b. IF Y IN CERT	YES, WERE THEYING C YES B PARTION COL	FINDIN AUSES (GS USED OF DEATH NO STA
MEDICAL CERTIFICATION	On DATE OF OPERA 10. ACCIDENT WAS UN OPERATOR OF CONTRIBUTING (If EITHER NOTHEY MED 11. MORK NOT WAT WAS 20. I certify that (II) Sow the decease obove, (I) (we) (27b. SIGNATURE 22d. PHYSICIAN'S N	THIN BY SOME THE CALEXANINER) RED THE (this hospital) (did not) v	21b. TIME O HOUR AJ 21c. PLACE (AT HOME, SIR ottended the	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F e deceosed from 19	OPERATION AY YEAR 19 ARM, ETC.) M.L.	211 LOCATION (My) 211 LOCATION (My) 212 LOCATION (My) 222 ADDRES St. A	INMED UTT DIVITY OCCURI (our) opinion ATTENDING PHYSICIAN [YES DO NOT THE PROPERTY OF T	2 20b. IF Y IN CERT	VES, WERE TIFYING C YES 1 COL	PART 2) JINTY JINTY Om the c	GS USED OF DEATH NO 12 STA hot (I) (wo

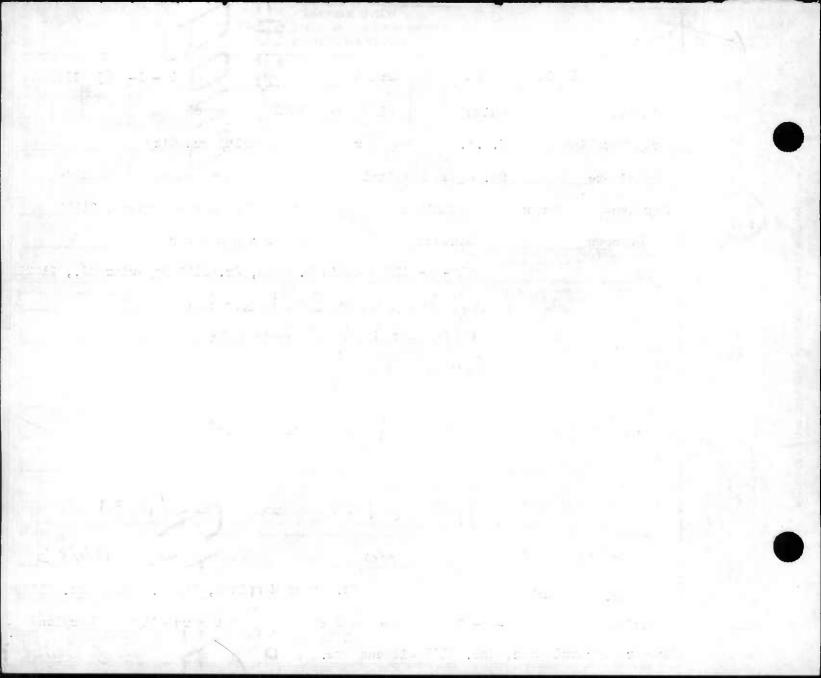
DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital ar attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be

retained by the haspital or attending physician.

funeral director, page 3

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STATE OF MARYLAND	. 3	.4	2	2.3	1	
ARTMENT OF HEALTH AND MENTAL HYGIENE	0		604			
CERTIFICATE OF DEATH	REG. N	0.				

	FOR STATE REGISTRAR			DEP	PARTMENT OF H	ICATE O		IENE	REG. N	0.	6a (
	EASED NAME	FIRST	A	AIDDLE	l	AST	W 100 F	20. DATE C	FDEATH	MONTH	DAY YEAR	2b. HC	DUR
(TIPE C		Ruth	Ŧ	Rose	EUB	ANK		D	ecemb	er 25	1983	1:4	15A M
3. SEX		4.	RACE		5. DATE C				YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		DER 24 HRS
,]	Female		Cauca	asin	12	4 DAY	1904		79	YRS.	MONIHS	HOURS	MIN.
7a. BIR	THPLACE (STATE OR DUNTRY)	FOREIGN 7b	U.S.A	WHAT COUR	MARRIE		R MARRIED			R COUNTY	OF DEATH		
10. CIT	Y OR TOWN OF DEA		NAME OF H	HOSPITAL, N H FACILITY, GIVE Ind Ge1	WIDOWE TURSING HOME OF STREET ADDRESS) TOTAL HOS	OR OTHER I		12a USUAL	imore Occupati exformosto rator	ION OF WORKING LIF		_	NESS OR ele.
130. ST M(ISE COUNTY Bal		13c. CITY OF		13d. INSIDI	E CITY LIMITS?	130. STREET 321	ADDRESS Strat	tford	Road	21:	228
	HER'S NAME Peter Sl	inger		LAS	ST		R'S MAIDEN NAMER'S MAIDEN NAMER'S ROSalie		MIDDLE		Flest	er	
EVE	AS DECEASED EVER 5, NO OR UNKNOWN) NO	IN U.S. ARME			L SECURITY NO. 18-3697	17 INFOR	P. Wes	stkam	p Du]	1	100 Gate		21030 rcle
	Conditions, if ony gove rise to imm couse (o), stating underlying cause	mediate ng the lost.	DUE TO, OF	Pleura.	SEQUENCE OF SEQUENCE OF G TO DEATH BUT		ED TO THE TERM	IN AL DISEA:	SE OR CON	DITION GIV	12 da		
CERTIFICATION	9a. DATE OF OPERA	TION	196. CONDI	TION FOR W	VHICH OPERATIO	N WAS PER	FORMED	200 AUT	OPSY?	IN CERTIF	WERE FIND		ATH?
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	P./	M. MONTI M.	H DAY YEAR		INJURY OCCURR	ED (ENTERN	ATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)		
_	ZId. INJURY OCCUR WHILE NOT WE AT WORK AT WO	HILE	21¢. PLACE ((AT HOME, STR		OFFICE, FARM, ETC.)		REET		CITY OF TO		COUNTY		STATE
	sow the deceos above, (laywe) (272). SIGNATURE 2720. PHYSICIAN'S N. Joseph N	ed olive on L did) AXXX v	ecember in the body	ofter death.	_19 <u>83</u> _, ar	DEGREE 22e. ADDE	ATTENDING PHYSICIAN E	MEDICAL DIRECTOR	STA	FF	1245. DATI	thown E SIGNE	
23a. Bt	JRIAL, CREMATION,		23b DATE		23c. NAME OF C		Marylar OR CREMATORY	ad Gen		Hospit	al		

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pag with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the meat

Burial 12-28-83 Ivy Hil.

14 FUNERAL DIRECTOR

Mac Nabb Funeral Home Catonsville

, Md.

Ivy Hill

Cemeter Laurel Maryland
Md. 27 1983

(VRA 15, 4)

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December 15, 1913 1:450	xuxusi	
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13 Propider 25 #1 .cr		
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iand sometal for itel	Distance of Automatical Control of the Control of t	Joseph Wirra

STATE OF MARYLAND

FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.				
1. DÉCEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
(TYPE OR PRINT) DONA	LD E.	EVAN	S	DECEMBER 18.	1983	1:20A		
3. SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
Male	Black	MONTH 4	22 2 29	54 YRS	MONTHS DAYS	HOURS MIN.		
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH			
N. Carolina	U.S.A.	WIDOWE	D DIVORCED	BALTIMORE CI	CTY	MD		
BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S THE JOHNS H		HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR		
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136. CO	UNTY 13c CITY OR	TOWN imore	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS 2232 E. Madi	2120 Ison Sta			
14. FATHER'S NAME FIRST Winston	MIDDLE LAST	ans	15 MOTHER'S MAIDEN NAM	ME	Bari	field		
160 WAS DECEASED EVER IN U.S.		SECURITY NO.	17 INFORMANT	ADDRESS				
(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 241-4	0-3268	Julia Evan	s 2232 E. Mad				
18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b		,		BETWEEN C	MATE INTERVAL DISET AND DEATH		
PART I, DEATH WAS CAU	INTE CAUSE (a)	Hem	orrhage		6	hr		
5938 Conditions, if ony, which								
gave rise to immediate cause (a), stating the underlying cause last.				Il Arrey throm	965., 4	wks		
	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 110			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDING TIFYING CAUSES			
	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)	h.		
OR CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	spital attended the deceased from 12/18/83 nat) view the body after death.	•	15 , 19 83 and that in (my) (our) opinion o	, to12/18 death occurred on the date and h		that (I) (we) last causes stated		
22b. SIGNATURE	Mary view the body direct death.		DEGREE		22c. DATE	SIGNED		
William In	. Kaelin of	w 0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/1	8 (83		
22d PHYSICIAN'S NAME (TYP	PE OR PRINT)		22e. ADDRESS	Mary Jan 19				
WILLIAM G.	. KAELIN, JR.		600 N.WOLF	E BALTO., MD	. 21205			
230. BURIAL, CREMATION, REMOV	23b. DATE 12/22/83	23c NAME OF C	emetery or crematory on Forest V	A Owing Mills	COUNTY	Md .		

TO FUNERAL DIRECTOR: After this

etained by the haspital

certificate has been signed by

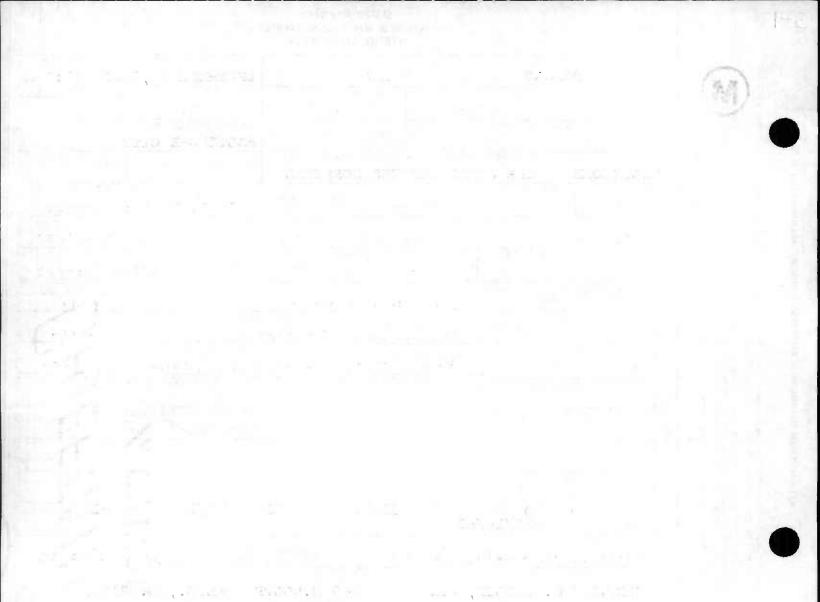
should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bur

marked or item 18 shaws any

IMPORTANT: If Item 21 is

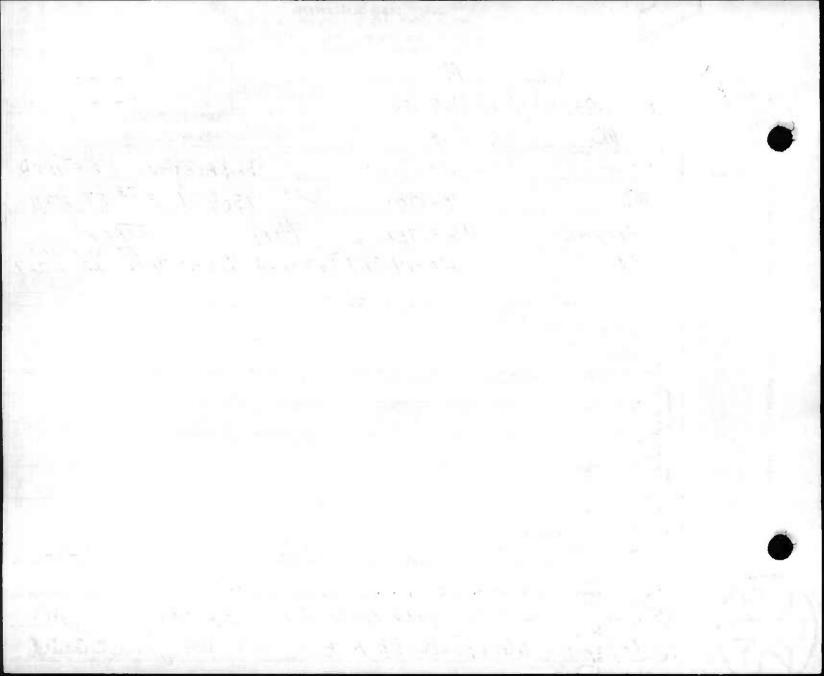
DHMH - 16 50M 4/82 (VRA 15, 4)

Wm C^MEMarch F/H Inc. 1101^{conff} North Avenue



CATTO NEED 1 231 representatives a finite representative and the second

X	1-	FOR STATE REGISTRAR			AND MENTAL HY		3 2 3 7 5
<u> </u>		CEASED NAME FIRST LEO	middle M.	Evans	LAST	% DATE KNOWN OF ESTI- DEATH MATED	
ATTACHERS CONTROLLED TO STREET, STON STREET,	3 SE)	F WHITE	5. DATE OF BIRTH MONTH DAY 7-27-1927	6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 24	PRONOUNCED DEAD	12-29-83, 3:20
1000円である。	FC	RTHPLACE (STATE OR REIGN COUNTRY D. TY OR TOWN OF DEATH	0.5. A	MARRI WIDOW			Y OR COUNTY OF DEATH
D. 21201 IF ANY DELAY IS. 2, AND 3 TO THE F. 3, RETAIN PAGE 5, SHOULD BE FILED. ALL PECORDS, 201	В	altimore	Johns Hopki	ns Hospital		BookKEE DE	AR INDUSTRY
MD. 21201 H. IF ANY 1, 2, AND 3 2, SHOULI SO SHOULI	13e. S	TATEMD. 136 COUN		OR TOWN	136. INSIDE (ITY LIMITS? 13 YES NO 1	1309 W.	37TH ST. 2/2/1
DEATH OF AND 2		GEORGE VAS DECEASED EVER IN U.S. AR	MED FORCES?	STEL CIAL SECURITY NO.	17 INFORMANT	ADDRE	JANAS 326 UESTOWNE
BAL GIV FITH PAG IVISI	{Y	ES, NO. STUNKNOWN (11 YES, GIVE	WAR OR DATES) 220 Ily one couse per line for (o), (b)	-14-9427	DEBORAH	HUEBSCH,	MAN PD. 21229 APPROXIMATE INTERVAL
STON ST N 24 HO N ITEM 1 ALONG SIT PERMI AYGIENE, AOVAL.		PARTIDEATH WAS CALISE	D BY: TE CAUSE (a) Rupture DUE TO, OR AS A COM	d berry and	eurysm		BETWEEN ONSET AND DEATH
KECUTED WITHIN 24 PGGTON WEETON WEETON WITHIN 24 PGG" IN PENCIL IN ITEM ALON BURIAL TRANSIT PER AND MENTAL HYGIEF WATION, OR REMOVAL		gave rise to immediate couse (a) stating the <u>under-lying couse last</u> .		SEQUENCE OF			
RECORDS, 201 D BE EXECUTE ENDING" IN F MEDICAL EXA MED	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS				(0).	
F VITAL RECORI E SHOULD BE ED WORD "PENDIN BE CHIEF MEDIC DE BE USED AS A BUSED AS A BURIAL, CREMA BURIAL, CREMA	RTIFICAT	19a DATE OF OPERATION		WHICH OPERATION W			20 AUTOPSY? YES ★□ NO □
ISION OF VITAL RE ERTIFICATE SHOULD ING THE WORD. "PEI ED TO THE CHIEF M 3 SHOULD BE USED A 3 SHOULD BE USED A 5 SHOULD BE USED A 5 SHOULD BE USED A 5 SHOULD BUSINAL, C	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216 TIME OF INJURY HOUR A.M. MONTH DEATH P.M. 216 PLACE OF INJURY	DAY YEAR	CATION	ENTER NATURE OF INJURY IN ITEM	N 18 PART 1 OR PART 2)
EAAAKE 12	MEC	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, E		TREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOUD BE FORW TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI BATTIMORE, MARYLAND; S	d		ge of the remoins described obc ral causes XX, Accident	ve, held an Autop		, Inquiry, Undetermined manner	ond in my opinion DATE 12-30-83
TO MEDICAL EXECUTE THE PAGE 4 SHO AFTER DEATH BACTUMORE, I	1	EXAMINER'S NAME (TYPE OR PRINT) Mar	garita A. Kore	LL_M.D.	ADDRESS 111 P	enn Street	SIGNED
BP	I	URIAL, CREMATION, REMOVAL 2 PECIFY) UNERAL DIRECTOR	12-31-83 23c.1	HOLY CLO	SS CEM.	23d. LOCATION CIPBOWN CIPBOWN C'D. BY REGISTRAR 125b. RE	COUNTY MATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	F	FRLEY F.H.	660 FRED	DERICK A	UE. JAN		van J. Court



requires that the death certificate be executed within 24 haurs after death. Page 4 may be

1		FOR STATE REGISTRA
D	FC	EASED NA

page 3

STATE OF MARYLAND

1	FOR STATE REGISTRAR				EALTH AND M		ENE REG. N	0.		
	DECEASED NAME FIRST	MIDE	DLE		AST		2a DATE OF DEATH	MONTH DA		2b. HOUR
(,	TYPE OR PRINT) WILL	6		E	UANS			12 1	83	1 A M
3.	SEX	4. RACE		S. DATE O			6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	MALE	BLACK		02	23	YEAR 45	28	YRS		
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH		MARRIED	□ NEVER MA	RRIED 5	9 BALTIMORE CITY		_	
V	irginia	UNITED		WIDOWE	D DIV	DRCED	BACTI		01	MD.
1	SMTIN OF CITY	11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE STREET AD	DRESS)			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE)	INDUSTRY	LO, INC.
13	SUAL RESIDENCE (IF NURSING DAME OF THE STATE	ROTHER INSTITUTION GIV	E RESIDENCE BEFORE A	1	13d. INSIDE CIT	Y LIMITS?	130 STREET ADDRESS	CR4A	0785	RIVE
1	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S	NAIDEN NAM	NE MIDDLE		LA	ST
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G		30-56-	_	17. INFORMAN UNIVERSIT	11 05	ADDR	7.7_9	nome	RINA ST
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR A		TIC HCE OF MB		CARCI	HONA OF	TONYL	BETWEEN	MOMICAL MOMOLIA ONZEI AND DEATH
ATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TRIBUTING TO DE				NAL DISEASE OR CON	20b IF YES,	WERE FINDS	
							YES NO	YES	□	NO [
	OR CONTRIBUTION CALLSE OF DE	AIN .	MONTH DAY	YEAR	PIG. N.		ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	TIORPART2)	- 51-30
MEN	(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY , FACTORY, OFFICE, FAF	RM, ETC)	21f LOCATION	1	CITY OR TO)WN	COUNTY	STATE
	220 I certify that (I) (this hospital) ottended the deceosed from (3 5 FEFT 19 65), to (54 DECEMBER 19 65), ond that in (my) (our) opinion death occurred on the date and hour obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE									SIGNED
	la N	Oliver			PI		DIRECTOR PHYSI	CIAN	(2/1	193
	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	1/10		220. ADDRESS		sit bout in		40 21	
23	Bu BURIAL, CREMATION, REMOVA (SPECIFY) Removal	23b. DATE 12/5/8		AME OF C	EMETERY OR CI	REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physically should be detached for use as the burial-transit permit. Then please remove corbon-poperation the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

> 24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

DECEREC 9 BY REGISTRAR 28 JEGISTRAR SIGNATURE

O

. Martiny Board brised vinetaria

STATE OF MARYLAND FOR - STATE

REGISTRAR		CERTIFICATI	UT DEATH	REG. NO).		
1. DECEASED NAME FIRST (TYPE OR PRINT) Margare	t C.	Fahm		20 DATE OF DEATH	12 28 J	L983	26 HOUR A
Female	White	5. DATE OF BIRTI	27 1895	6. AGE (IN YEARS LAST BIRT	MONTH:	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE STATE OF FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT COUNTRY	MARRIED N	IEVER MARRIED DIVORCED	Baltimore City o	-	EATH	MD.
10 CITY OR TOWN OF DEATH Baltimore	Edgewood"Narsi	NG HOME OR OTH MERESHOME	ER INSTITUTION	"Homemaker"		KIND OF DUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HONE 130, STATE Md. 131, COL	or other institution, give residence befo UNTY 13-CITY OF TOU TIMOTE PATRY	(4A) 13d IN		13e STREET ADDRESS / 8517	ZIP CODE 01d Har	ford	Rd.34
M FATHER'S NAME FIRST Louis	T Heying	15. MC	Catherine		F	ranz	
166. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 213 16	URITY NO. 17 IN 4093 Ma	formant argaret F.	0stendorf	ss Same		
Conditions, if ony, which gove rise to immediate couse 10), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT	only one couse per line for (a), (b), a set by: ATE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	GLEUCE OF		NAL DISEASE OR CONE		16.7	MATE INTERVAL INSET AND DEATH
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WER		
TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOT IFY MEDICAL EXAMIN THE NOT IFY MEDICAL EXAMIN THE NOT IFY MEDICAL EXAMIN THE NOT IFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	19 211 L	OW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I O	OUNIY	STATE
22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did) 27b. SIGNATURE	Waltzeele Alexandr	DEGRE	ATTENDING PHYSICIAN	, to	F _		
Frederick J 230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Vollmer M.D. 12/31/1983 23c		00 York Rd	23d LOCATION CITY OR TOWN Ball time	cou	NTY	Md STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the buriol-tronsit permit. Then please remove corbon with the State Dept. at Health and Mental Hygiene prior to burial, cremotion, or rem

IMPORTANT: If Hem 21 is marked as

M FUNERAL DIRECTOR

NAME

Mitchell-Wiedefeld Home 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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BP.

DHMH - 17

(VR A15 ME (5)) 20M 4/82

	1-	FOR STATE REGISTRAR			EPARTMI	ENT OF H	EALTH		ENTAL H		TH	S REG. NO.	2	J	1	8
	I. DE	CEASED NAME E OR PRINT)		T DO	WIDDLE			LAST		- 1	20 DATE KNO	NWC X		DAY	YEAR	26 HOUR
	1.5EX		CHAR 4. RACE	LES 5. DATE OF BIRTH	6	AĞE (IN YEA		AIRBRO	IF UNDER		20 DATE	TIED [12	28 I	1983 YEAR	24 HOUR
	HILIPSE.	ale	White	MONTH DAY	YEAR	88 YR			HOURS		PRONOUNCE! DE AD)	12	28	19 83	4:29
0	7a B1	RTHPLACE (51 PREIGN COUNTRY)	ATE OR	76. CITIZEN OF WH	AT COUNTR		1	ED NEV	/ER MARRII	ED 🗆	9 BALTIMORI	CITY OR	COUNT			
1				U.S.			WIDOW	ED 🛚	DIVORCE	ED 🗆	Baltin					MD.
0		TY OR TOWN Baltimo	ore	11. NAME OF HOSE (# NOT IN SUCH FACE 117 Tre	emont	Rd.		er institut	ION	, FOR A	AL OCCUPATION OF WORKING	LIFE)F WORK		ID OF BU	
5	13a S		IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVI TY	13c. CITY O			136. INSIDE (I Yes 🔀	TY LIMITS?	13e STRI	eeladdress 17 Tren	ont 1	Rd.	212	229	
20	14. FA	ATHER'S NAME FIRST		MIDDLE	LAS	ы			R'S MAIDE	NAME	MIDDLE			L/	AST	
/	(4)	VAS DECEASEI ES, NO. OR UNKNO Unkn.	DEVER IN U.S. ARI	MED FORCES? WAR OR DATES)	12.72	L SECURITY		17. INFORM	MANT		A	DDRESS				
		gave ris cause (a) lying cau	as, if any, which the tall immediate stating the underselast.	DUE TO, OR A (b) DUE TO, OR A (c) CONTRIBUTING TO DEATH R	as a conse	QUENCE O	F				disease					
	0 N															
2	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WI	HICH OPERA	W NOITA	AS PERFOR	MED?					1115	UTOPSY?	NO X
3		UNDERLYING	CAUSE WAS OR OG CAUSE OF I	21b. TIME OF HOUR A.M. DEATH P.M.		AY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTER N	NATURE OF INJURY	N ITEM 18 PA	RT I OR PAR	T 2)		
	MEDICAL	216 INJURY CO WHILE AT WORK	NOT WHILE C	STREET, FACTO	F INJURY DRY, FARM, ETC.			TREET			CITY OR TOWN		COU	NTY		STATE
0	,		y that I taak charg	ge of the remains descral causes X,	ribed abave Accident		Autap	, Hamic	PECIFY)	Undete	Inquiry Cermined manne	а 🔲,	DATE SIGNE	1 2-	-29-	83
		EXAMINER'S (TYPE OR PRIN		M. Dixon,		ME OF CEM				23d. LO	St., Ba	lto.,	Md.		1201	ATE

EXAMINER'S NAME (IYPE OR PRINT)

Ann M. Dixon, M.D.

ADDRESS 111 Penn St., Balto., Md. 21201

230. BURIAL, CREMATION, REMOVAL 230. DATE (SPECIFY)

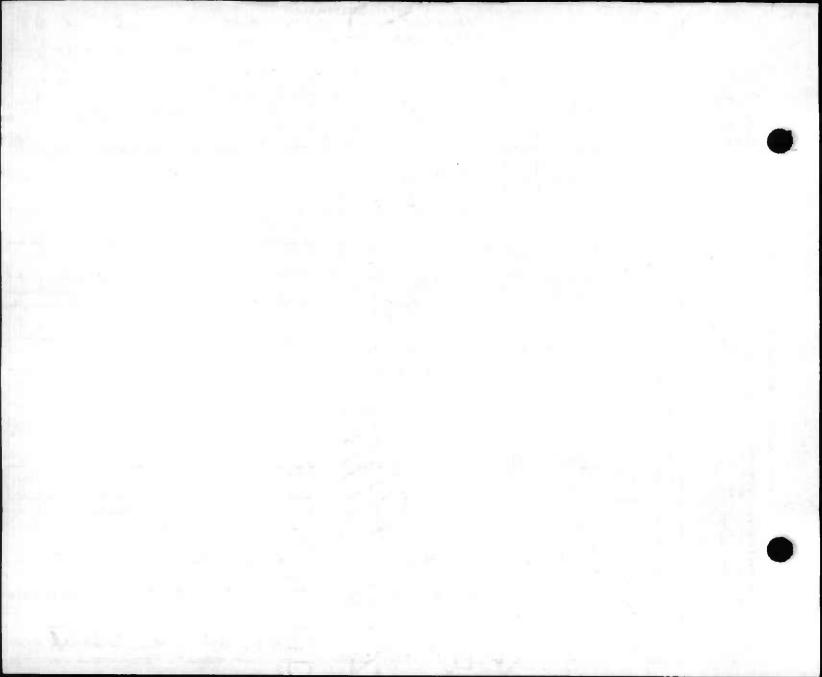
Removal 1/5/83

24. FUNERAL DIRECTOR

Anatomy Board

ADDRESS Balto., Md.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE JAN 12 1984



mpletely filled in by the funeral director. pard 2 should be filed within 72 hours ofter

executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician

STATE OF MARYLAND FOR

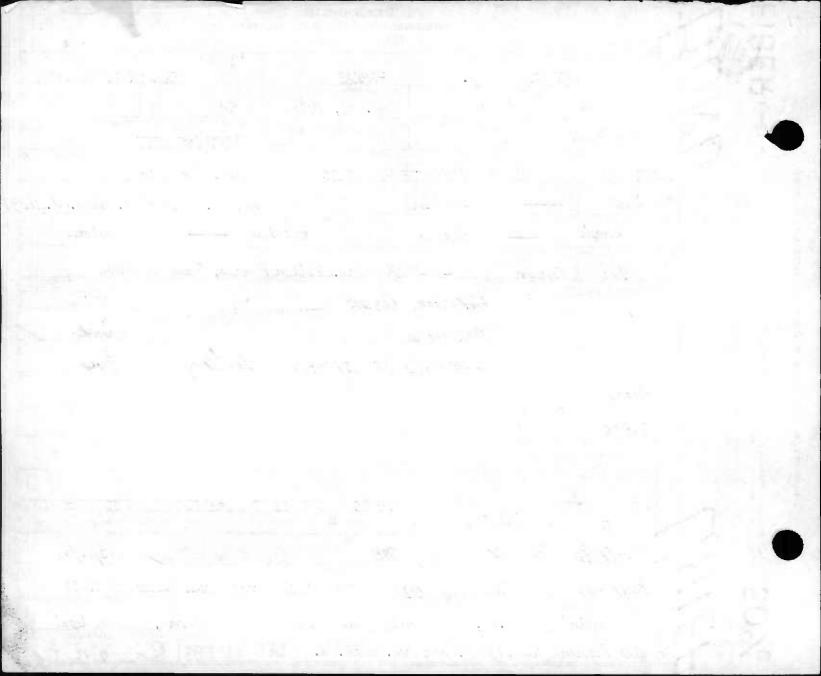
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

Ц		REGISTRAR		CER	TIFICATE OF DEATH	REG. NO.	
2			IRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(111)	OR PRINT)	RTHUR	1.	FARKAS	DECEMBI	ER 15 83 3:40PM
	3. SEX		4. RACE	5. DA	TE OF BIRTH •	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR FUNDER 24 HRS
H		Male	Wh	7 10	ug. 13, 1931	52 YRS	
1	7a. BIF	RTHPLACE (STATE OR FORE OUNTRY) ew York	IGN 76. CITIZEN	179	RRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
7	10 CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSING HOA		126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
}		LTIMORE	VA M	C BALTIMORE M	D 21218	Auto. Mechanic	
)	Jan S		COUNTY	13. CITY OR TOWN Battimore	YES NO NO		St. Balto. Md. 2123
7	14. FA	THER'S NAME Joseph	WIDDLE	Farkas	15 MOTHER'S MAIDEN N.		Paulsen
,		AS DECEASED EVER IN	U.S. ARMED FORCE			ADDRESS	
	, ,	Yes	Konean	215-28-8488	Mrs. Lillian	Farkas, Same as	
1		18 CAUSE OF DEATH (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		IM		15 mc			
		1629		1 cats			
١		Conditions, if ony, w gove rise to immed		owis			
		couse (o), stoting		O, OR AS A CONSEQUENCE C	El Coucomas o	of the Elling	2 yrs
	NOI	PART 2 OTHER SIGNIFICANTE	ICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	VEN IN PART 110
1	CERTIFICATION	190 DATE OF OPERATIO	N 19b. CC	ONDITION FOR WHICH OPERA	ATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \equiv
7		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOU	ME OF INJURY R. A.M. MONTH DAY YE P.M.	AR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LATHON	ACE OF INJURY AE STREET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	Y ITY OR TOWN	COUNTY STATE
		228.1 certify that (A (the sow theydeceosed obove, (17 (we) (did)	iis hospitol) ottende olive on <u>De C</u>		v 28 , 19 83 , and that in Xny) (our) apinion	, to <u>Dec 15</u> n death occurred on the date and ha	our and Irom the causes stated
		27b. SIGNATURE	m, y	anning 7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED - 12/15/83
		Kathleen	M Fa	inning mo	3900 Loch	Raven Blvd. Balt	o Md 21218
		URIAL, CREMATION, REI SPECKY) BURIA		19,1983 Holy	of CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY Manuland STATE
		INERAL DIRECTOR			21 220 250 DA	TE REC'D. BY REGISTRAR 256. REGIS	
	Ma	Cutty Funan	al Home 1	30 & FADDREAS AND	Battorill 1	FC 2 0 1000 7	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshould be detached for use as the burial-transit permit. Then please remove corban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is marked or Item 28 shows any injury, or other traumatic event, the medical



	F OR PRINTS	OBERT	midi T	E .	-	RLEY	SR	2a. DATE OF DE	ATH MONTH		YEAR 83	12.15
SE		4. RA			5. DATE O	OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER		IF UNDER
4	MALE		WH	ITE	MONTH 12		1910-		4egn YR		DAYS	HOURS
	IRTHPLACE (STATE OR FOREK	IGN 76. CI	M.S-	A .	MARRIE WIDOWE	DE NEVERA	WARRIED D	South Ba				el.
J.	BALTIMORE	Soi	4th Bal	SPITAL, NURSIN ACILITY, GIVE STREET	ADDRESS)		TITUTION	12a. USUAL OCC (TYPE OF WORK FOR Shop S	UPATION MOST OF WORKIN UPERIN	GLIFE) INDI	USTRY	nte: nte:
13a. S	MD B	HOME OR OTHER COUNTY Balto	13	Balto 1	N		ио Х		BRFEN	ROAD	21	20
)4. FA	ATHER'S NAME	MIDDLE		E O O I C	· V		RGINI'A	M	IDDLE	A	LAST	100
lán V	JOHN WAS DECEASED EVER IN L	IS ARMED	FORCES? 114	FAR LE		17. INFORMA			ADDRESS	17	PM BI	URG
	YES, NO OR UNKNOWN)	F YES, GIVE WAR	OR DATES)	35-26-			ta Far	7 111	15 Nor	e e m	Da	
_	18 CAUSE OF DEATH (E					10 0101111						MATE INTER
	Canditions, if any, wh	hich iote	OUE TO, OR A	S A CONSEQUI	ENCE OF	idesp	read	meta	ytas	-		3
	Canditions, if ony, wh gave rise to immedi- cause (a), stating	hich (OUE TO, OR A		ENCE OF	iden	read	meTo	y tas	4		3
NO	Canditions, if ony, wh gave rise to immedi- cause (a), stating	hich (iote the last.	(b)OUE TO, OR A	S A CONSEQUI	ENCE OF	idespr prul NOT RELATED	mou TO THE TERM	meta was & inal Disease Of	Les condition	GIVEN IN P	PART Ira	3
TIFICATION	Canditions, if any, wh gave rise to immedicause (a), stating underlying cause le	hich (liote the last.	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CON	S A CONSEQUI	ENCE OF ENCE OF DEATH BUT	NOT KEEPIED		20e AUTOPS	(? 20b. IF	GIVEN IN P	FINDIN	GS USED
ICAL CERTIFICATION	Canditions, if any, wh gave rise to immedicause (a), stating underlying cause (cause) (cause) (cause) (days to the cause) (da	ring 12 See of Death Examiner)	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CON (R) CONDITION CONDITION	AS A CONSEQUI AS A CONSEQUI TRIBUTING TO I TON FOR WHICH NJURY MONTH DA	ENCE OF ENCE OF DEATH BUT	N WAS PERFO	RMED	200 AUTOPS	7? 20b. IF IN CER	YES, WERE RTIFYING C YES	FINDIN AUSES (GS USED
MEDICAL CERTIFICATION	Conditions, if any, wh gave rise to immedicause (a), stating underlying cause is PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	CANT COND YING 7 SE OF DEATH EXAMINER) 7	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CON 196. CONDITION P.M. 118. PLACE OF	AS A CONSEQUI AS A CONSEQUI TRIBUTING TO I TON FOR WHICH NJURY MONTH DA	ENCE OF ENCE OF DEATH BUT OPERATIO 19	N WAS PERFO	DRMED	YES NO	7? 20b. IF IN CEF	YES, WERE RTIFYING C YES	FINDIN AUSES (GS USED
	Conditions, if ony, wh gave rise to immedicause (a), stating underlying cause in the control of	CANT COND YING 7 SE OF DEATH (XAMINER) 2 1 1 2 1 3 3 4 5 6 7 7 7 7 7 7 7 7 7 7 7 7	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CON 19b. CONDITION P.M. ILE PLACE OF ATHOME, STREET thended the c	IS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 ARM. ETC.)	211. LOCATIC STREET	JURY OCCURP	200 AUTOPS' YES NO RED (ENTER NATURE	20b. IF IN CEF	YES, WERE RTIFYING C YES 18 PART 1 OR P COU	FINDIN AUSES (GS USEC OF DEAT NO S
	Canditions, if any, wh gave rise to immedicause (a), stating underlying cause (b) PART 2. OTHER SIGNIFICATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E: 210. IN JURY OCCURRED WHILE NOT WHILE NOT WHILE ALL WORK AT WORK 220. I certify that (1) (this saw the deceased a	CANT COND YING	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CON 19b. CONDITION P.M. ILE PLACE OF ATHOME, STREET thended the c	IS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 ARM. ETC.)	211. HOW IN 211. LOCATIC STREET D 7 and that in (my) DEGREE	JURY OCCURP	YES NO RED (ENTER NATURE	20b. IF IN CEF	YES, WERE RTIFYING C YES 18 PART 1 OR P COU	FINDIN (AUSES (DATES)	GS USEC OF DEAT NO S

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by thought his detached for use as the burial-transit permit. Then please remove carbonoppers. Pages, I and 2 stoold be find the fine fine Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

^{14 FUNERAL DIRECTOR} Balto. Md. 21225 George J. Gonce 4001 Ritchie Hgwy

250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE
DEC 1 9 1983

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ed in by the funeral director, page 3 d be filed within 72 hours after death

hours ofter death. Page 4 may be

STATE OF MARYLAND

				CENTIFICA	ATE OF DEATH	REG. N	10.		
	CEASED NAME F	IRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
111776	MAG	GIE LE	F I	FARREL	Τ.	1	2-01	-1983	
3. SE		4. RACE		5. DATE OF BI		6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	
		NE CE C		MONTH	DAY YEAR	7	3	MONTHS DAYS	HOURS MA
-	EMALE	NEGRO		04	21 1910	9. BALTIMORE CITY	110.	TY OF BEATH	
	IRTHPLACE (STATE OR FORE COUNTRY)	IGN /b. CITIZEN OF	WHAT COUNTRY?	MARRIED [NEVER MARRIED	Y. BALTIMORE CITY	OK COUN	IT OF DEATH	
V	IRGINIA	USA		WIDOWEDX		BALTIMOR		ITY	
	ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	ADDRESS)	THER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS (
ÜŚÜ	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
					I INSIDE CITY LIMITS?	13e STREET ADDRESS	W 4 2 4		2121
_	ARYLAND		BALTIMO	0 24 20	EX XIX NO 🗆	11738 McK	EAN_	AVENUE	2121
DIA. FA	ATHER'S NAME FIRST WILLIE	MIDDLE	CAMPBI		MELINA			OLIVE	R R
	WAS DECEASED EVER IN		166. SOCIAL SECU		INFORMANT	ADDR	ESS		
1	YES, NO OR UNKNOWN) (1	FYES, GIVE WAR OR DAYES)	N/A	E	thel Epps	3210 Ela	in As	venue	
					опет пррв	JEIU DIE	III A		XIMATE INTERVAL
1	18 CAUSE OF DEATH (8	Enter anly ane cause per CAUSED BY: MEDIATE CAUSE (a)					UTES		
	gove rise to immed cause (a), stating		R AS A CONSEQUE	NCE OF					
NOI	cause (a), stating underlying cause	the DUE TO, O			T RELATED TO THE TERM				DBELL .
IFICATION	cause (a), stating underlying cause	the last. DUE TO, O (c) ICANT CONDITIONS C DABETES M	ONTRIBUTING TO D	DEATH BUT NO		AINAL DISEASE OR CON 200 AUTOPSY?	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES	INGS USED
CAL CERTIFICATION	part 2. Other SIGNIFI	the lost. DUE TO, O CONDITIONS C DABETES M N 196 COND VING 216 TIME C SE OF DEATH HOUR A	ONTRIBUTING TO D ELLITUS ITION FOR WHICH	DEATH BUT NO OPERATION W		200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	cause (a), stating underlying cause PART 2. OTHER SIGNIFI COPD D 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	the lost. DUE TO, O ICANT CONDITIONS C. DABETES M N 196 COND VING 196 COND VING 196 COND VING 196 COND VING 216 TIME C. SE OF DEATH EXAMINER) 216 PLACE LATHOME ST	ONTRIBUTING TO DE LELLTUS ITION FOR WHICH DE INJURY	OPERATION W	AS PERFORMED	200 AUTOPSY? YES NO CITY OR T	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
	COUSE (0), stating underlying cause PART 2. OTHER SIGNIFI COPD D 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL CAUSE) WHILE NOT WHILE AT WORK AT WORK	The lost. DUE TO, O IC) ICANT CONDITIONS C ID A B E T E S M I 19b. COND VING 19b. COND VING 19b. TIME C HOUR A EXAMINER) P 21b. PLACE (AT HOME, ST	ONTRIBUTING TO DE LE L'ATUS OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATION W Y YEAR 19 211	LOCATION	200 AUTOPSY? YES NO CITY OR TO	20b. IF Y IN CERT	COUNTY 19.83 LES, WERE FIND I FART 1 OR PART 2)	INGS USED S OF DEATH? NO STATE , that (I) (w30) e causes stated
	COUSE (a), stating underlying cause PART 2. OTHER SIGNIFI COPD D 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICAL II) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (the saw the deceased a player) 22b. SIGNATURE	the lost. DUE TO, O ICANT CONDITIONS C. IDABETES M. N 196 COND VING 196 COND VING 196 COND VING 216, TIME C. SE OF DEATH HOUR A EXAMINER) 216, PLACE (AT HOME, ST. UIS haspital) attended to the lock.	ONTRIBUTING TO DE LE L'ATUS OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATION W AY YEAR 19 ARM, ETC.) 211 AUGUST BEG	t. HOW INJURY OCCUR t. LOCATION STREET 1979 hat in (my) (ROX apinian BREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO	20b. IF Y IN CERT	COUNTY 19.8 3 22c DAT	INGS USED S OF DEATH? NO STATE . that (I) (Val) e causes stated E SIGNED
	COUP (a), stating underlying cause PART 2. OTHER SIGNIFI COPD D 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL INJURY OCCURRED) WHILE NOT WHILE AT WORK 22a. I certify that (I) (the saw the deceased above, (I) (we) (did) 22b. SIGNATURE	the lost. DUE TO, O ICANT CONDITIONS C. IDABETES M. N 196 COND VING 196 COND VING 196 COND VING 216, TIME C. SE OF DEATH HOUR A EXAMINER) 216, PLACE (AT HOME, ST. UIS haspital) attended to the lock.	ONTRIBUTING TO DE LE LITUS OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. THE deceased from	OPERATION W AY YEAR 19 ARM, ETC.) 211 AUGUST BEG	IC. HOW INJURY OCCUR If. LOCATION STREET 1979 hat in (my) (MMX apinian) OREE ATTENDING	Z80 AUTOPSY? YES NO CITY OR TO THE CEMB death accurred on the CALL MEDICAL STA	20b. IF Y IN CERT	COUNTY 19.8 3 22c DAT	INGS USED S OF DEATH? NO STATE that (I) (wab) e causes stated E SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

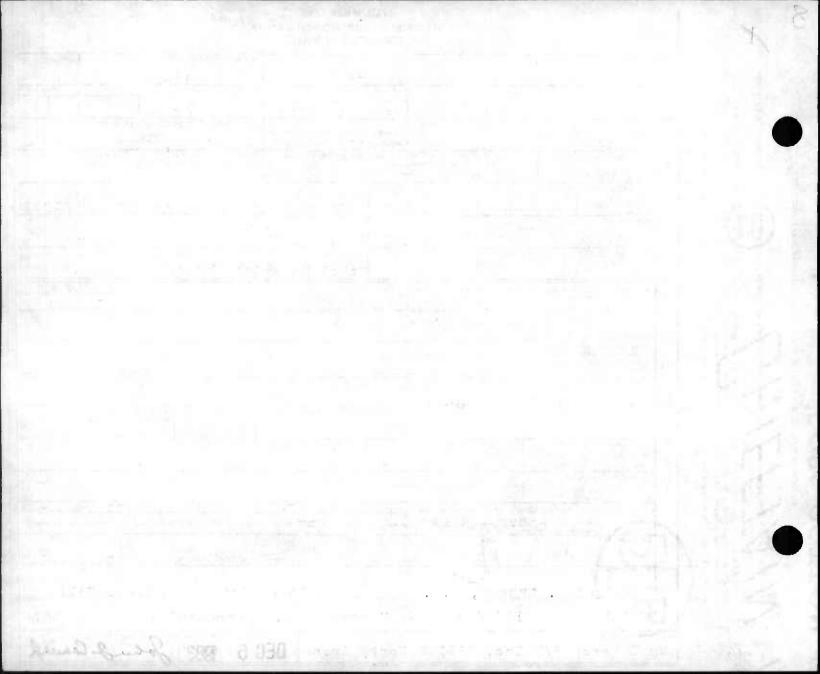
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban proper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death metalical

etained by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	REG. N	10.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR .
		12	2	83	2:2	2.5 a
	6 AGE LINYEARS LAST BE	RTHDAY	IF UND	ER I YEAR	IF UNDER	24 HR5
	6	2 YRS	MONTH	DATS	MOURS	MIN.
5	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		

12h KIND OF BUSINESS OR

21218

INDUSTRY

Brown

STRAR DNAME LAST MIDDLE William Ρ. Faulcon DATE OF BIRTH 1921 Male Black ID 70. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY N. Carolina WIDOWED Baltimore City. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING HEEL Baltimore PIMLICO NURSING HOME 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2202 Guilford Avenue YES X NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST James Faulcon. Sadie Tyson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) UNKNOWN 212-16-2182 Matonka Cherry 2202 Guilford Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) RENAL FAILURE PART I. DEATH WAS CAUSED BY-HRONIC IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70h IF YES. WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME STREET FACTORY OFFICE FARM, ETC) CITY OF TOWN STREET AT WORK AT WORK 22a I certify that (I) (this hospital) (Thended the deceased from sow the deceased alive on abave, (1) (well-taid) (did not) and that in (a) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DE GREE. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITTE OF PRINT 3440 RONDS UNE 21245

NO

ould be detach th the State De-PORTANT: If H

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Mentol Hygi

m 18

certificate has

DHMH - 16 50M 1/B1 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL BURTAL

12/6/83

THUR H. LEBSON

23¢ NAME OF CEMETERY OR CREMATORY Mount Calvary Cem

Anne Arunde 1 Co.

YES [

12/183

STATE

that M (we) last

24 FUNERAL DIRECTOR Wm C'March F/H Inc. 1101°E North Avenue

DECE ECO Jours Build

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	0.		
		CEASED NAME FIRST	MIDDLE		LAST		MONTH DA	AY YEAR	26. HOUR
	(I YPE	EG MI	nathan	Fay	Ikner	1.	2-14	1-83	4:58 AM
	3. SE	х	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 MRS
,		male	Caucasian	MONT	1- BR - O	76	YRS.	ONTHS DAYS	HOURS MIN.
7	7a. B1	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8.	V2	9 BALTIMORE CITY O		OF DEATH	
2	V	COUNTRY)	USA	WIDOW	NEVER MARRIED	ROHIN		0:76	MD
3	T	altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME (BET ADDRESS) Timed		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE	INDUSTRY	of Business Or
7	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO		1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	31.	21	000
1		mil	Battin	rure	YES X NO	209 h	Wat 1	1/x/ 6	are.
	14. F.A	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	,
1		Nathan	- Paulan	11-	E116	Model	Sci	40015	
7		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEG	CURITY NO.	17 INFORMANT	ADDRE		4	
	(,	No	216-1	0.3327	Emma A. Faul	rner 209 W.	11 th.	Ave.	
	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OUENCE OF	that filhelen not failure NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	N IN PART 110	0
7	ATIO	19a DATE OF OPERATION	196, CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?	TOD IF YES	WERE FINDIN	IGS LISED
	FIG	THE DATE OF OFERATION	178, CONDITION WITH	- OFERATIO	THE TENTONINED		IN CERTIFY	ING CAUSES	OF DEATH?
7	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	YES NO YES NO WED (ENTER NATURE OF INJUR	YES		NO 🗌
	MEDICAL	214. IN JURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM ETC)	216. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
		saw the deceased alive or	nitol) attended the deceosed from		nd that in (my lour) pinion o	death occurred an the do	ote and hour		that (I (we) last causes stated
		1226 SIGNATURE RACINE	Eishans	h	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAND	22c. DATE	SIGNED -14-83
		Dr. Berda			300 / S. x	Hanover			

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After should be detached for use as IMPORTANT: If Item 21 is

certificate has been

Cullifyrenal Home 237 E. Patapsco Ave. (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 236. DATE 12/17/83

23t. NAME OF CEMETERY OR CREMATORY

Dorsey

Howard

DEC 2 1983 Coult Frent love of Continues over

TO STATE OF THE PROPERTY OF THE STATE OF THE

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. N	10			
20	DATE OF DEATH	MONTH	DAY	YEAR	2b HO

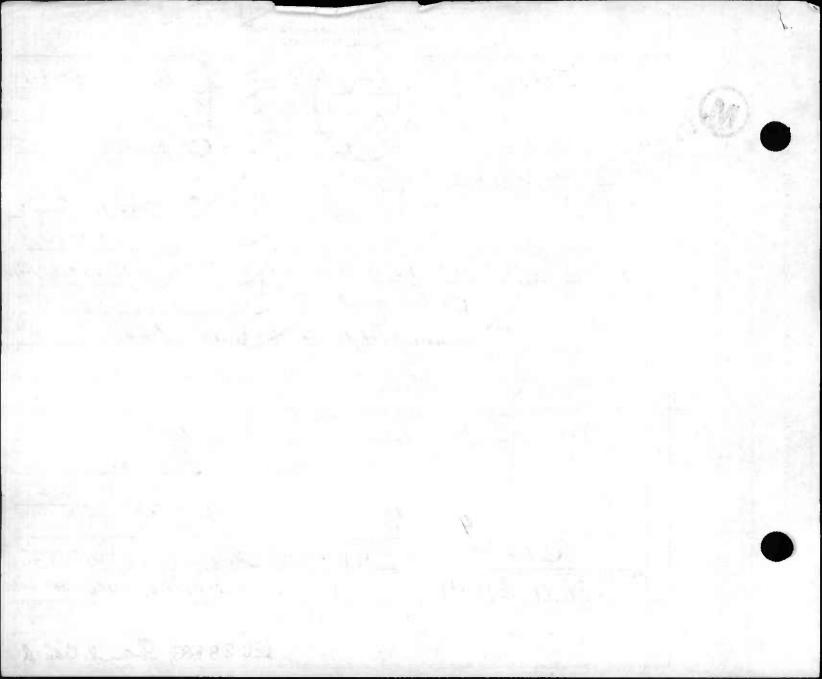
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
	CEASED NAME FIRST	BESSIE MIDDLE	6	ESSIE)	20 DATE OF DEATH MONTH	25 83	26 HOUR 2:35A.M
1 5E	FEMALE	BIACK	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MÖNTHS DAYS RS.	R F UNDER 24 HRS
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWE		9 BALTIMORE CITY OR COU	ONE	Citymo
E	Altiment		HOSPI	1	120 USUAL OCCUPATION	ING LIFE) INDUSTRY	OF BUSINESS OR
124.	STATE 136 COL	OR OTHER HYSTITUTION, GIVE RESIDENCE BEFUNTY 134 CITY OR TO Balti	NWC	13d. INSIDE CITY LIMITS? YES NO F	13. STREET ADDRESS/1674	wad AVE.	Ba110. 21213
	George WAS DECEASED EVER IN U.S. A	W, Will		15 MOTHER'S MAIDEN NAME FIRST Matild	MIDDLE	Will	iams
		ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 2/4-3/2	8-8778	mus. men	1 . 1 . 1	1512Clif	TwoodAre.
	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), SED BY. ATE CAUSE (o) DUE TO, OR AS A CONSECTION OF AS A CONSECTION	DUENCE OF		Eimes syndro	110	XMATE INTERVAL ONSET AND DEATH
MEDICAL CERTIFICATION	19a DATE OF OPERATION The Accinent was under the Conference of Conferen	PEATH P.M 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE spitol), ottended the deceosed from	CH OPERATION DAY YEAR 19 19 12-9	216 HOW INJURY OCCURR	20a AUTOPSY? , 20b. II	FYES, WERE FINDS ERTIFYING CAUSES YES MIS PART LOR PART 21 COUNTY 3. 19	INGS USED S OF DEATH? NO
	226. SIGNATURE CS	Lat	L		MEDICAL STAFF DRECTOR PHYSICIAN	19/	25/83.
	22d. PHYSICIAN'S NAME (TYPI	SHAH!			E HOSPING	HOME	- BALTIMORE
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	MAIATE

MPGETANT, If hem 21 is morked out. TO FUNERAL DIRECTOR After should be detached for use or with the State Dept. of Health

DHMH - 16 50M 1/B1 (VRA 15, 4)

Wm C^{AME} MArch F/H Inc. $110\, 1^{\text{ADBRES}}$ North Avenue

250. DATE REC'D BY REGISTRAR 251. W. STRAR'S SIGNATURE



1-	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE	REG. NO.	2	J 6	3
	CEASED NAME OR PRINT)	HARR		C.	FE	LDMAN	2a DATE OF I	DEATH MON		. 4 . 6 . 5	26 HOUR 1
3. SE	MALE	4. R	WH1	TE	S. DATE O		& AGE (IN YEA	61	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR F COUNTRY) MARYLAND		USA		WIDOWE	D DIVORCED	BALTIMOR	LTIM		CIT	Y MD.
	-	ne	(IF NOT IN SUCH	FACILITY, GIVE STR	REET ADDRESS)	SPITAL	120. USUAL OF	OR MOST OF WO		US (OV T.
	AL RESIDENCE (IF NURSI	ING HOME OR OTHI		BALL SALES		13d. INSIDE CITY LIMITS?	13e STREET AL	DDRESS / ZI	COB	NPT. 2A	21215 PANK DA
14. FA	ATHER'S NAME FIRST ABRAHA	M.M		FELDMAN		15. MOTHER'S MAIDEN NA TILLIE	AME	WIDDLE	S	SMELK IN	
	VAS DECEASED EVER YES, NO OR UNKNOWN) YES	IN U.S. ARMED	R OR DATES)	216-12		17. INFORMANT 6966 MILBR		DR.		FELDMAN	APT.2A 2121
	IB CAUSE OF DEATI PART I. DEATH W 4254 Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which mediate g the	AUSE (o) DUE TO, OR	AS A CONSECUTION AS A C	DIOSER QUENCE OF TRICUL	LAN Arry	K THM1A:	8		APPROXI BETWEEN C	MATE INTERVAL OMSET AND DEATH
NOI	PART 2. OTHER SIGN	VIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE				
CERTIFICATION	190 DATE OF OPERAT		19b. CONDIT	ION FOR WHI	ICH OPERATION	N WAS PERFORMED		NO	CERTIFY		
DICAL CE	218. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	CAUSE OF DEATH	P.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTERNATE	IRE OF INJURY IN	ITEM IS PAR	RE 1 OR PARE 2)	
0	21d. INJURY OCCURE	RED	21e PLACE C	F INJURY		211 LOCATION					

medica emotion 18 shows of buriol-tronsit pe or Item TO FUNERAL DIRECTOR: should be detached with the State Dept. MPORTANT

MEDICAL

22b. SIGNATURE

NOT WHILE

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23b. DATE DEC.5,1983

0001

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23c NAME OF CEMETERY OR CREMATORY MD.FREE STATE POST

DEGREE

CITY OR TOWN ROSEDALE

CITY OR TOWN

in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE BALTO

12-4-83

COUNTY

STATE

24 FUNERAL DIRECTORSOL LEVINSON & BROS INC. BALTO. MD REISTERSTOWN RD.

220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased glive on obove (D) we) did (did not) view the body after death

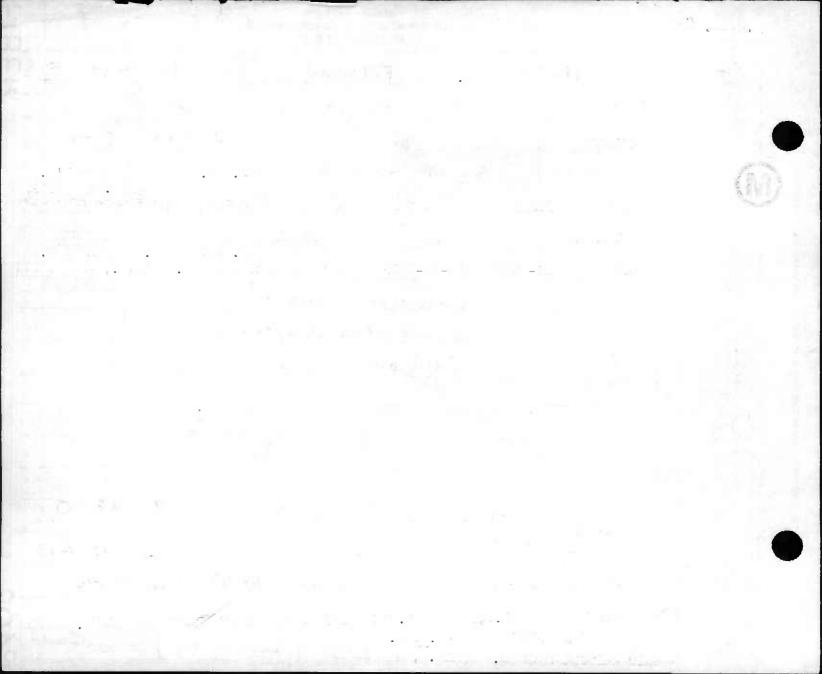
ond

21215

22e ADDRESS

25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN



death. Page requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ון	 STATE REGISTRAR 		CERTIFIC	ATE OF DEATH	REG. NO	D.	
	ECEASED NAME FIRST	les F.	Fen	1150	20. DATE OF DEATH		83 9 40 M
3. SI		RACE Black	5. DATE OF E		6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. CAYBYINA	75. CITIZEN OF WHAT COUN USA • 11. NAME OF HOSPITAL NU	MARRIED L		9. BALTIMORE CITY O Baltimor	e, City	MD.
	Balto.	S. Baltim	ore Gen	Hospital	TYPE OF WORK FOR MOST O		IND OF BUSINESS OR
130.	JAL RESIDENCE (IF NURSING HOM STATE Md •	NE OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 13(, CITY OR Bal	to.	ES NO MOTHER'S MAIDEN N		Oliver S	7/2 st. 13
	FIRST	ennell	T	Elizabet	h Fennell		LAST
160	(YES NO OR UNKNOWN) (IF YES	COVE IN AR OR DATES		INFORMANT Thomas Fe	nnell 2426		er St.
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAND A abrefer	DUE TO, OR AS A CONS	EQUENCE OF	T RELATED TO THE TER	ilune in MINAL DISEASE OR CONI	DITION GIVEN IN PA	ART 1(o·
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONTH	DAY YEAR		RRED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART I OR PA	(RT 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC.)	I LOCATION STREET	CITY OR TO	wn coun	NTY STATE
	saw the deceased alive	aspital) attended the deceosed file on DEC 2.6 do not) view the body offer deoth.	19, ond 1	GREE ATTENDING	MEDICAL STAI	22c.	., that (I) (we) fast im the causes stated DATE SIGNED
	Martin	G. Guerr	20 2	PHYSICIAN 20. ADDRESS	o. Hanove-		
	BURIAL, CREMATION, REMOVE BURIAL	12-31-83	Fennell	Cemetery	CITY OR TOWN	11 N.C.	
24	FUNERAL DIRECTOR				ATE REC'D. BY REGISTRAR		

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detacked for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event 4

IMMORTANT: If Item 21 is marked ar Item 18 shows any

Chas. Rice FSPA 1300 Eutaw Place (VRA 15, 4)

DEC 28

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campletely filled in by

the attending physician

4 may be

3. SE:

1	FOR - STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH		REG. NO.	2 13 8	
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST	2a. DATE OF DE	EATH MONTH	DAY YEAR	2h HOUR A
		LAVER		Miller		ENWICK	DECE		1983	4:05 M
3. SE	Female		Whit	e	5. DATE O	. 20, 1911	6. AGE (IN YEARS	S LAST BIRTHDAY)	MONINS DAYS	
	IRTHPLACE (STATE O COUNTRY) Maryland	R FOREIGN 7b.	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED		CITY OR COUN	TTTY	MD.
	BALTIMOR	4	NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	ADDRESS)	HOSPITAL	120. USUAL OCO	CUPATION R MOST OF WORKING	12b KIND (INDUSTRY	OF BUSINESS OR
USU 13a.	AL RESIDENCE IF NU STATE aryland	RSING HOMEOR OF	ER INSTITUTION		ADMISSION)	134. INSIDE CITY LIMITS? YES \(\text{NO} \)	School 13e STREET ADE Rt.1,			0650
14. F.	Charl	es Å		Miller		15. MOTHER'S MAIDEN NA Lu lu	M	eresa	Raff	erty
	WAS DECEASED EVE YES NO OR UNKNOWN)	R IN U.S. ARME		216-18-		Charles E	.Fenwic	address k same	as #	13 above
	Conditions, if on gove rise to in couse (a), statu	WAS CAUSED B IMMEDIATE C y, which immediate ing the	AUSE (a) DUE TO, C	R AS A CONSEQUE	MONE NCE OF 2nd	meningitis o	met one	umonis.	APPRO BETWEEN	kwaté intérval Onset and déath
TION					9	NOT RELATED TO THE TERM			90	
CERTIFICATION	190. DATE OF OPER	83		nd cord to		N WAS PERFORMED	YES N		YES, WERE FINDI TIFYING CAUSE: YES []	
	210. ACCIDENT WAS US OR CONTRIBUTING [CAUSE OF DEATH		DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
MEDICAL	214 INJURY OCCUI	VHILE		OF INJURY REET, FACTORY, OFFICE FA	IRM, ETC)	211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE

onld be 14. FA and 2 remove carban popers. Pages, emation, ar remaval njury, ar ather trou should be detached for use as the burial-transit permit. Then pleas with the State Dept, of Health and Mental Hygiene prior to burial, CERTIFICATION IMPORTANT: If them 21 is marked ar them 18 sh MEDICAL 10 91 22a.l certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS Fai 23b. DATE 23a. BURIAL, CREMATION, REMOVAL

BP DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

ng physic

ATTENDING PHYSICIAN:

Burial Dec.5,1983

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION T

COUNTY

Cemetery Leonardtown

Leonardtown Mare 24 FUNERAL DIRECTOR

St Aloysius

Language of the second injury, ar other traumatic event, the

ony

MPORTANT: If Hem 21 is marked or Item 18 shaws

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. af Heolth and Mental Hygiene prior ta burial, crematian, ar remaval.

	-	FOR STATE REGISTRAR
51.4	m m	1. DECEASED NAM

STATE OF MARYLAND

1 -	STATE REGISTRAR		DEPA		CATE OF DEATH	HIGHNE	REG. NO.			
	CEASED NAME	ME FIRST MIDULE		FIELDS		20. DATE	December 23, 1983 11:33a			
(TYPE	HARRY		459			D				
3. SEX	MALE	4. RAC	BLACK	S. DATE O	F BIRTH 4 DAY 11 YEAR	72	NYEARS LAST BRIHDAY)		IF UNDER 24 HRS HOURS MIN.	
76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY)				MARRIED	XXNEVER MARRIED		9 BALTIMORE CITY OF COUNTY OF DEATH BALTIMORE CITY MD			
10. CI	XBORO IN TY OR TOWN OF DEA ALTIMORE,	VÄ		NTER BA	R OTHER INSTITUTION	12a USUA	L OCCUPATION ORK FOR MOST OF WORKING	126. KIND C	MD. OF BUSINESS OR	
13a S	AL RESIDENCE (IF NURS	134 COUNTY	ISTITUTION, GIVE RESIDENCE BI		13d. INSIDE CITY LIMI YES NO 15. MOTHER'S MAIDE	2522	ADDRESS / ZIP CO	TON ST	213	
	THER'S NAME FIRST	MIDDLE	BUMPASS		BERTHA	IN INAME	WIODIE	LA:	ST	
160 V	VAS DECEASED EVER	IN U.S. ARMED FO (IF YES, GIVE WAR O	PROBLES 166 SOCIALS	ECURITY NO.	17 INFORMANT	FIELDS	1611 N.	CAROLII	NE ST.	
	PART I. DEATH W 7302 Conditions, if any, gave rise to immediate (a), stofin underlying cause	Which mediate last.	SE (a) CONTRIBUTING	DUENCE OF	nary and		ASE OR CONDITION		ONSET AND DEATH	
MEDICAL CERTIFICATION	190. DATE OF OPERA 11/8/83 210. ACCIDENT WAS UNI	19 C	b. CONDITION FOR WH D. TIME OF INJURY HOUR A.M. MONTH	ICH OPERATION	WAS PERFORMED	20a AU	TOPSY? 20b. IF	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED	
	OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d. INJURY OCCUR! WHILE NOT WH AT WORK AT WO	CALEXAMINER) RED 21 (A	P.M. e PLACE OF INJURY THOME, STREET, FACTORY, OFF	19 CE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
			ended the deceased from the bady after death.	9 83 an	d that in (Xxy) (aur) op DEGREE	, 10	red an the date and h	19 83 naur and fram the		

3900 Loch Raven Blvd. Balto Md 21218

22d PHYSICIAN'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION;
(SPECIFY)
BURIAL , CREMATION; REMOVAL

12/29/83

MARYLAND VET. CEM.

22e. ADDRESS

STATE

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
LEROY 0.

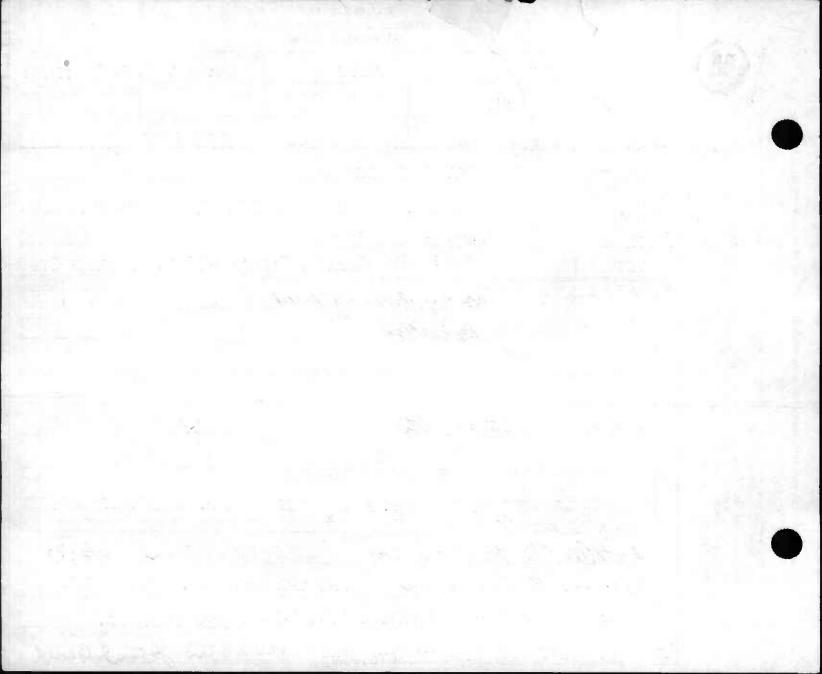
IBERTY DYETT 4600

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CEM. CHOWNSVILLE, MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEC 28 1983



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	NIO	

Ľ	- S REGISTRAK		CERTIF	CATE OF DEATH	REG. NO),	
	ECEASED NAME FIRST NEE	DHAM	FI	NCH	°DÉCÉMBER	°23, °1983	2t → OUR 1:45P _A
3 S	EX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS
1	Male	Black	11	15 00	83	YRS.	NOONS MIN
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
1	V. Carolina	U.S.A.	WIDOWE		BALTIMOR	E CITY	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N LIE NOT INSUCH FACILITY GIVE JOHNS HOPK			120 USUAL OCCUPATION		OF BUSINESS OR
13a	JAL RESIDENCE (# NURSING HOMEO STATE TS. COU [aryland]	INTY 13c CITY OF		13d Inside City Limits? Yes [X] NO []	931 N. W	ZIP CODE ashington	St.2120
A .	FATHER'S NAME	MIDDLE	51	15. MOTHER'S MAIDEN N	NAME	LAS	st
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRE	S	
	NO NO	217-	03-0514	Luzenia F	inch 931 N	. Washingt	on St,
NOI	Canditions, if any, which gave rise to immediate cause Ia1, stating the underlying cause last. PART 2. STHER SIGNATION TO STATE ANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEQUENCE OF	NOT RELATED TO THE TA	183	DITION GIVEN IN PART 1:	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONT	H DAY YEAR	5 fall	JRRED (ENTER NATURE OF INJUR	TIN ITEM 18 PART 1 OR PART 2]	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
	228.1 certify that (1) (this hosp saw the deceased alive o	pital) attended he deceased		od that in (my) (our) opinio	on death occurred on the do		that (I) (we) last causes stated
	276. SACHAFURE	D. Borel	MD	DEGREE ATTENDING PHYSICIAN			SIGNED 3
	OEUL K	BOREZ, M.		Johns &	topkin &	losp.	
23a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATOR	CTTY OR TOWN	COUNTY	STATE
_	BURIAL	12/29/83	Md. N	ational Me	m Pk Laur		Md.
174	FUNERAL DIRECTOR			750	LOWE MELL TO BY REGISTRARI	AN RELVISIRAR'S SKINA	11165

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The lovering of the hospital or ottending physician.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit with RESTILEDES E. Ball BATA MAND DY TOW A MAPORTANI. If them 21 is marked at 116th R. Stokes, surround

Richardson

C March F/H Inc. 1101 E North Avenue

DEC 2 8 1983

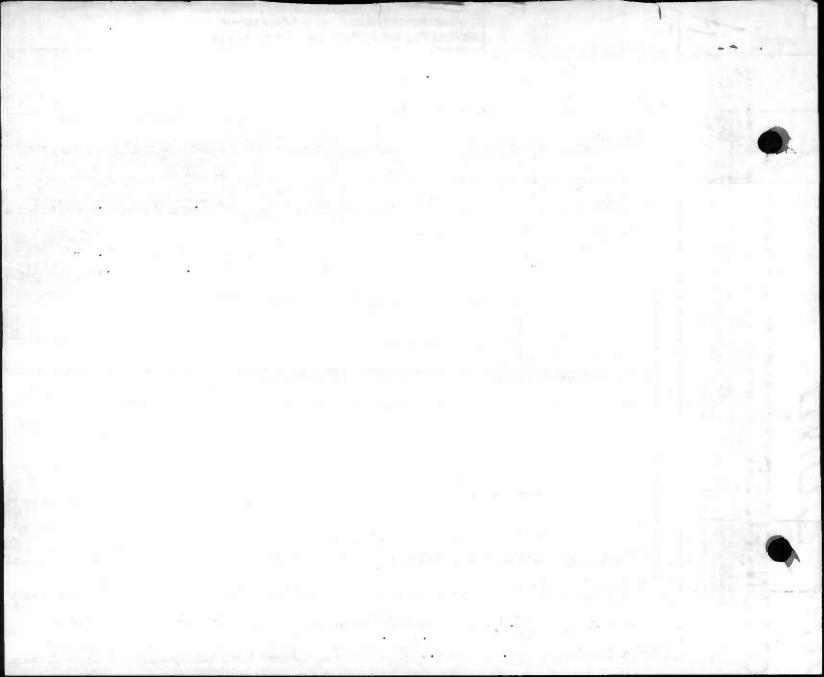
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BP. DHMH - 17 (VR A15 ME (5)) 20M 4/82

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DEPART	MENT OF	HEALTH .	AND MEN	ITALI

HYGIENE

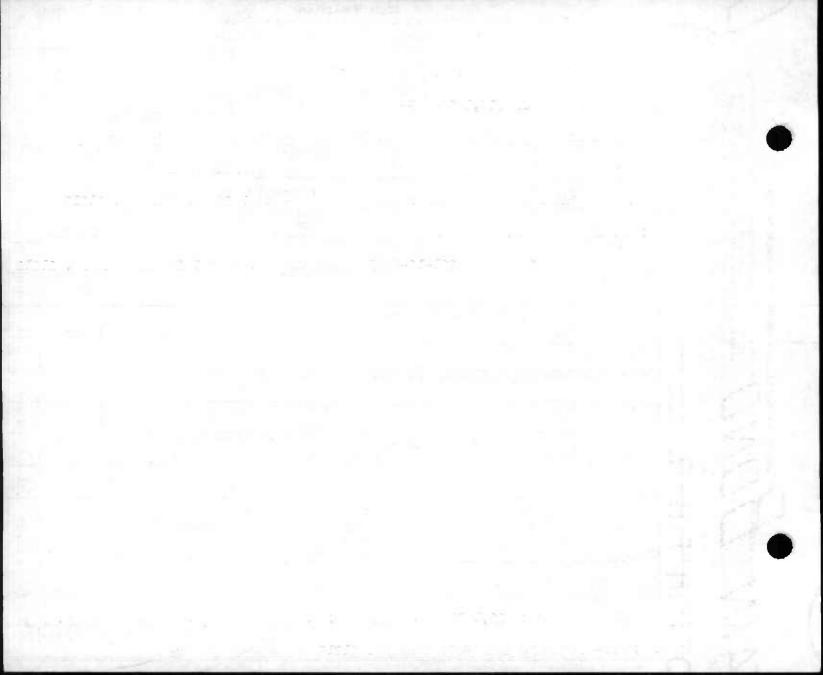
		REGISTRAR		MED	ICAL EXAMIN	NER'S C	CERTIFIC	CATEO	FDEATH	REG.	NO.			
		EASED NAM	AE FIRST		MIDDLE		LAST		20 DAT	E KNOWN	HTMOM XX	DAY YE	AR Zb	HOUR
	(TYPE	OR PRINT)	Irvino	q	S.	I	Tine		OF DEAT	ESTI-	□ 12	6 198	33	M
	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN Y			IF UNDER			MONTH	DAY Y		d HOUR
Ť	M	ALE	WHITE	MAY 1, 19	911 72		HS DAYS	HOURS	DE	AD AD	12	6 198	33	:10A
1		RTHPLACE (76 CITIZEN OF WHA	AT COUNTRY?	8. MARR	IED NEV	ER MARRI	ED X 9 BALT	IMORE CIT	Y OR COUNT	Y OF DEAT	Н	
2		MARYLA	ND	USA		WIDOW	/ED 🗆	DIVORCE	ED 🗆 Ba		re Cit			MD.
	10. CIT	TY OR TOWN	OFDEATH		ITAL, NURSING HOM		IER INSTITUT	ION	120 USUAL OC		TYPE OF WORK	0R IND	F BUSIN	NESS
-	-	Baltin			Saratoga		et		CAS	HIER		RACE	TRA	<u>ACK</u>
う	13o. ST		1136 COUNT		13c. CITY OR TOWN BALTIMORE	SION)	13d INSIDE CI	NO [13e STREET ADD		TOGA ST	Γ. #2	1202	2
ny P	14. FA	THER'S NAM	ιE	WIDDLE	LAST		15. MOTHE	R'S MAIDE		WIDDIE		LAST		
U		LOU	IS	Most	FINE			ADA				SHERR	Y	
		AS DECEASE	ED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI	TY NO.	17. INFORM	AANT V	WILLIAM	OMINST	Y APT	Γ. T-3		
	Y:	ES		-ARMY			15 (COBBLE	ESTONE C	Τ.	BALTO,	, MD	212	215
		18 CAUSE		ly one couse per line f								APPROX BETWEEN	MATE INT	TERVAL ND DEATH
	10	PARTID	IMMEDIAT	TE CAUSE (a) Art	eriosclero		cardic	vascu	lar dise	ease_				
		42	72	DUE TO, OR A	as a consequence	OF								
	1		ons, if ony, which	(b)										
		lying co	a) stating the <u>under-</u> ouse lost.	DUE TO, OR A	AS A CONSEQUENCE	OF								
				(c)										
	NO	PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BY	UT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	I GIVEN IN PAI	RT I ia					
99	YAT)	19a. DATE O	FOPERATION	196. CONDITI	ION FOR WHICH OPE	RATION W	AS PERFOR	MED?				20 AUTO	PSY?	
5	TIFIC											YES		Хои
X	MEDICAL CERTIFICATION		IAL CAUSE WAS	216. TIME OF	MONTH DAY YEA		OW INJURY	OCCURRE	D (ENTER NATURE O	INJURY IN ITEM	1 18 PART 1 OR PAI	RT 2)		
1	CAL	UNDERLYIN CONTRIBUT	ING CAUSE OF D		19	1710								
	EDI	21d INJURY			F INJURY (ATHOME)		CATION		CITY OF	TOWN	COL	UNIY		STATE
	2	AT WORK	NOT WHILE											
		72s. 1-cm	tify they took charg	e of the remains desc	pbed obove, held on	Autop	sy .	Inspection	X, Inqu	ıry 🔲,	ond in my op	inion		
		death resul	hed from Asighur	of course K	Aceiden . S	wede _	, Homic		Undetermined	monner].			
			1 //1	. /	145	1		PECIFY)						
-		SIGNATURE	LA	DWOW	1 min		Depút	y Chi	efmedical ex	AMINER	SIGNE	12/6	/83	
		EXAMINER'S	S NAME 50		and the Mark	-		111 6	Ob	Do	140	ME		
9		(TYPE OR PR	INT)II		Smith, M.D.		ADDRESS		enn St.		ilto.,	MD		
	23a.BL (SI	JRIAL, CREM, PECIFYI	ATION, REMOVAL 2		23c. NAME OF CE				23d. LOCATIO		COUN		STATE	
	74 FL	BUR JNERAL DIRE	TAL COL I	DEC. 971983	BALTIN	MORE :	HEBRE	25a. DATE R	BAL REC'D. BY REGIS	TIMORE	EGISTRAR'S S	IARYLA IGNATURE	עע	
		NAME		Modificas				DEC	1 3 198	2 2	1. 9	Capi	ea	
	n bl	OTO RE	LOTERSTOW	N RD. BA	ALIU . MD	212	TO		1 0 50	J 10			-	



20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE					STAT MENT OF H	EALTH		NTAL HY			3	2 3	9	1	
1. DE	REGISTRAR CEASED NAM	E FIR	SŤ	MEL	MIDDLE	EVAMILA		LAST	ATE OF			REG. N		DAY	YEAR	7b HOUR
(TYF	PE OR PRINT)		-l 1	T7	TD			74				ESTI- X	7			28 HOOK
3. SE2	(MLC 14. RACE	chael	TE OF BIRTH	. P.	6. AGE (IN YEAR		Pinn DER LYR. LIE	UNDER 2		DATE	NAILD L	12	20 19 DAY	83 YEAR	2d HOUR
	LE	WHITE	MO	AN.16,1	924	59 YR	Y) MONTH				NOUNC	ED	12	20 19	83	2:457
To. B	RTHPLACE (SPEIGN COUNTRY)	STATE OR		ITIZEN OF WH			-	ED NEVE	R MARRIE DIVORCE					TY OF DEA		
45	ITY OR TOWN		11. N		PITAL, NU	JRSING HOME,				12a USUAL		TION (TY	ore C	12h KIND	OF BUS	INESS
-	Bal	timore	/ 0	nivers	ity F	Hospita	1				HOLO			OKIIV	DOSIK	
13a. S	AL RESIDENCE TATE MD.	LIF IN NURSING H	OUNTY	R INSTITUTION GIV	13c. CITY	E BEFORE ADMISSION OR TOWN LTIMORE	N)	13d. INSIDE CITY	LIMITS?	13e STREET 7820	ADDRESS	ENHAN	1 RD.	21 21	2	
4 F	ATHER'S NAM FIRST CHARL	ES	MIDE	DLE S •	FI	NN NN		15. MOTHER' FIRS		NAME	MIDE			NGLAN.		
60.	WAS DECEASE ES, NO, OR UNKN	DEVER IN U.S	ARMED F			CIAL SECURITY	NO.	17. INFORMA				ADDRES				
	ES		WW 2	DATES	221	-12-409	5	LORRA:	INE S	. FIN	N 78	20 EI	LENH	AM RD	. 2	1212
NOI	gove r couse (d lying ca		diote nder-	(c)		NSEQUENCE O		OR CONDITION G	GIVEN IN PART	1 (0)						
CERTIFICATION	196 DATE O	OPERATION		19b. CONDIT	ION FOR	WHICH OPERA	ATION W	AS PERFORMI	ED?					20 AUTO		NOVE
MEDICAL CERT				216. TIME OF HOUR XXX	MONTH 12	1 DAY YEAR 2 19 83	B Dr	iver i								XX
ME		NOT WHILE	X	STREET, FACTO	ORY, FARM, I	ETC.)	S	k Rd.			r or rown nervi			alto.		Md.
	270 I cert death resul ACTUAL SIGNATURE		charge of the	ises ,	Addition 1		1	Hamicid TITLE (SPE	CIFY)	Undeterm		ner .	nd in my ap DATE SIGNE		2/2	0/83
	EXAMINER'S (TYPE OR PR	NT)		næD. Smi				ADDRESS 11	ll Pei	nn St.	. B		.,MD.			
23o.B	URIAL, CREMA					NAME OF CEM			Υ	23d. LOCA CITY OR TO	NWC	VD D	cou		STA	18
24 F	BURIAL DIRE		DEC	. 22,19	83	DRUID R	LDGE		a. DATE RE	PIKE				ORE M		10
	NAME		EFELD	HOME 6	5500	YORK RI). 21		DE		1 198	B	belin	S. C	raut	A



March F/H Inc. 1101 E North Avenue

FOR

REGISTRAR

DECEASED NAME

1 - STATE

DHMH - 17

(VR A15 ME (5) 20M 4/B2

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

2d HOUR

83

1987

1126 KIND OF BUSINESS

OR INDUSTRY

Myers

20 AUTOPSY?

YES V

COUNTY

DATE REC'D, BY REGISTRAR

21206

Avenu

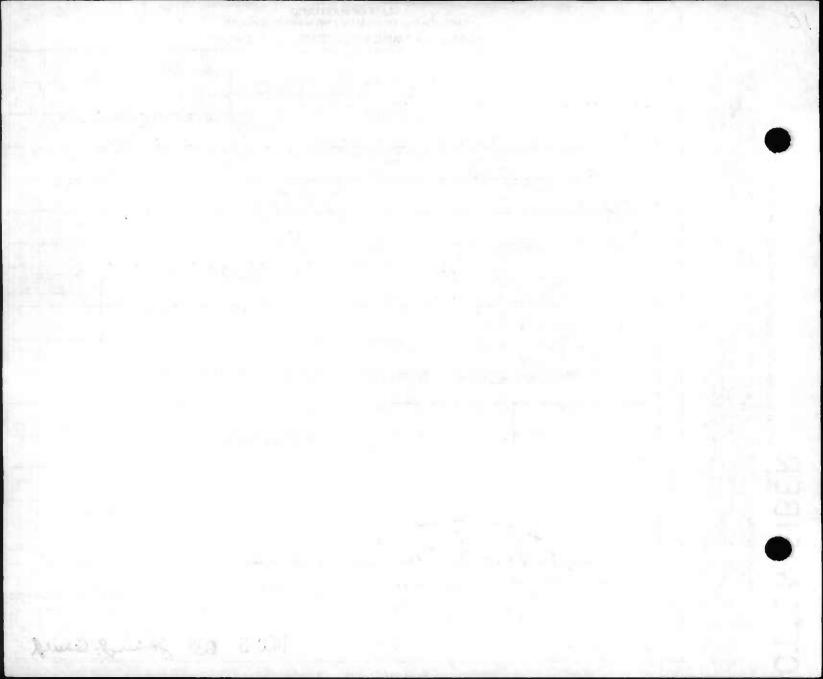
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STATE

M'd'

BETWEEN ONSET AND DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH



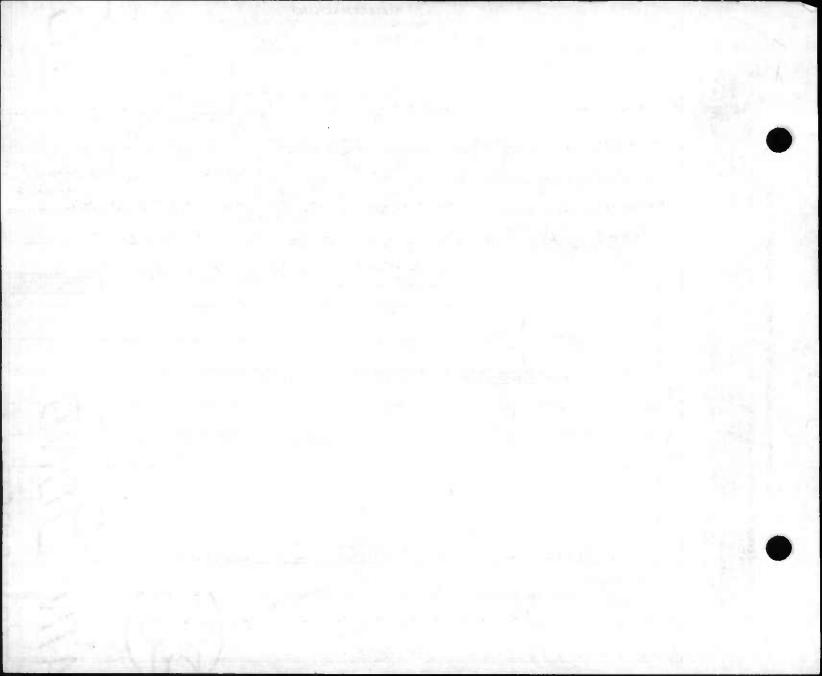
20M 4/82

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPENE

	STATE REGISTRAR	MEDICALE	XAMINER'S CERTIFIC	CATE OF DEA	TH REG. NO	O.	
	CEASED NAME FIRST	WIDDIE	LAST		20 DATE KNOWN X	X MONTH DA	YEAR 76 HOU
	Gena	L.	Finster	r	DEATH MATED	12-27	7 19 83
SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UNDER 1 YR. LAST BIRTHDAY) MONTHS DAYS	IF UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH DA	1.06
	MALE WHITE	APR. 9 1960	23 YRS.		DEAD	12-27	19 83 p. /
a BII	REIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NE	VER MARRIED	BALTIMORE CITY	_	FDEATH
mi	ARYLAND	USA	WIDOWED	DIVORCED 🗆	Baltimore		M
	Baltimore	II. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR University Ho	SING HOME, OR OTHER INSTITU DSPItal—STU		AL OCCUPATION (TYP MOST OF WORKING LIFE)	E OF WORK 126	OR INDUSTRY ASS
3a. S1		TY 13c. CITY C	OR TOWN 13d INSIDE C		EET ADDRESS		21706
	-RYLAND THER'S NAME	DAL	TIMORE YES	NO L J	417 PINEI	VOOD I	HVE
	GENE D,	FINSTER		FA H	STROTER ADDRESS	2 HO FF	LAST
	AS DECEASED EVER IN U.S. AR/	WED FORCES? 16b. SOCI	AL SECURITY NO. 17 INFORM	MANT	ADDRESS	1	
	NO	714-	12-7135 1	FAMILY	RECORD	5	
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED					- 8	APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT
		TE CAUSE (a) MUIT.	iple Injuries				
7	Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF			7	
	gove rise to immediate	(b)					
	couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF				
	PART 2 OTHER CICNIFICANT CONDITIONS	CONTRIBUTING TO OCATH BUT NOT BELATI	ED TO THE TERMINAL DISEASE OR CONDITIO	N CIVEN IN BART 1			
Z	TARI E GINER SIGNIFICANT CONDITIONS	CONTRACTING TO OCCUPA	ED TO THE TERMINAL DISEASE OF CONDISIO	IN GIVEN IN PART 1 10).			
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFOR	RMED?		20	(head only
CERT	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR XXXX MONTH	2Tc. HOW INJURY	OCCURRED LENTER!	NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
AC	UNDERLYING OR CONTRIBUTING CAUSE OF I		25 19 83 driver	in auto/a	uto impact		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY STREET, FACTORY, FARM, ETC		T ₁ LLL ₁	CITY OR TOWN	COUNTY	STATE
~	AT WORK AT WORK	road		& Hess Ro	i.,Fallston	Harfor	rd Co., Md.
	220 I certify that I took charg	(head e of the remains described above	e, held an Autopsy X,	Inspection ,	Inquiry . an	nd in my apinian	n
	death resulted from Natur	ol causes . Account	XX Suicide , Hamid	cide . Undet	ermined manner .		
1	ACTUAL DELLA	was Thus		istant		DATE	12-28-83
/	SIGNATUR	The state of the s	JM,D	MED	ICAL EXAMINER	SIGNED	
	(TIPE OR PRINT)	nis F. Smyth	M.D. ADDRESS_		n Street		
	JRIAL, CREMATION, REMOVAL 2	12/	AME OF CEMETERY OR CREMATO	ORY PK. 23d. LC	CATION OR TOWN	COUNTY	STATE
24 FI	DRIAL UNERAL DIRECTOR	9/30/1983 1001	RELAND DEMOR	250. DATE REC'D. BY	REGISTRAR 1256 REGI	ISTRAR'S SIGN	ATURE .
	NAME	ADDRESS	KOND		TO TO THE O	CHARL S SIGILA	shelf !
EV	ANS CHAPELOFA	EMORIES 88	200 HARFORD	NEC O	1000		



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
I	T. DECEASED NAME FIRST	FISHER	AST	20 DATE OF DEATH MONTH DA	83 PM
1	1.5EX	4 RACE 5. DATE O		0.7102 (1.110)	FUNDER LYEAR HUNDER 24 HRS
	temale	white 3	13 04	79 YRS.	ONTHS DAYS HOURS MIN.
/	74. BIRTHPLACE CHIATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIES	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	POLAND	11. NAME OF HOSPITAL, NURSING HOME O	- Lad	BALTIMORE 1126 USUAL OCCUPATION	126 KIND OF BUSINESS OR
4	BALTIMOCE	(IF NOT INSUCH FACILITY, GIVE STREET AFORESS)	ital	(TYPWATTRESS OF WORKING LIFE)	RESTAURANT
	USUAL RESIDENCE IN NURSING HOME OR 130. STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OUT OF TOWN OUT OF TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE 3615 Fords Lang	21215
2	ELI	KAHANOVITZ	15. MOTHER'S MAIDEN NA/ FIRST FANNIE	MIDDLE	HAFSKY
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT	MRS. JEANETTE SUS	SKIN APT. 21
	NO	213-16-6980	2905 FALLSTA	AFF RD. BALTO.,	MD 21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF 1c) CONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION		IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
	OR COLUMNIA COLUMN OF THE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	YES NOW YES	
	OKCONINGUING CAUSE OF DEA	P.M. 19 21e. PLACE OF INJURY JAT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	228.1 certify that (I) This hospi	ot) view the body after deoth.	nd that in my our) opinion of	deoth occurred on the date and hour	9, that (I) ast ond from the causes stated 22c. DATE SIGNED
	Bruce Ca	Inhaum 9101		MEDICAL STAFF DIRECTOR PHYSICIAN	12-4-83
	PRUCE R	ASHOAUM	Swai Hosp	TITAL Balto &	1d. 21215
	230. BURIAL, CREMATION, REMOVAL BURIAL	236. DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		LEVINSON & BROS., INC		BALTIMORE E REC'D. BY REGISTRAN (5) REGISTR	MARY LAND
	6010 REISTERS	ADDRESS	21215 DEC	1 3 1983 John	Or come de
- 1					

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND FOR STATE REGISTRAR

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CE	RT	IFIC/	ATE	OF	DEATH		DEC.	

	REGISTRAM								REG. NO.					
	EASED NAME	FIRST		MIDDLE	1	AST		20. DATE OF DE	ATH M	HIMON	DAY	YEAR	2b HO	UR
TITPEC	J J	OHN		C	FIS	HER	JR.			12	06	83	3	:38
3. SEX			4 RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTH	DAY)	MONTHS.			R 24 HRS
Ma			White		De	c. 11	1961	21		YRS			HOURS	MIN.
	THPLACE (STATE O	R EOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8.	D NEVEL	R MARRIED	9 BALTIMORE	CITY OR	COUNT	Y OF DE	ATH		
	Maryland		US		WIDOWE		DIVORCED []	BALTI	MORE	; C	CITY			MD.
N CIT	Y OR TOWN OF DE	EATH		HOSPITAL, NURSIN				120 USUAL OC					F BUSIN	NESS OR
	ALTIMOR			THE JOHNS HOPKINS HOSPITAL None							LIFE) IND	USTRY	r.	
13a. ST	L RESIDENCE (# NU TATE . AWATE	Suss	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Seaford	/N	13d. INSIDE	CITY LIMITS?	13e STREET ADD	ress /	ZIP COU	× 199	77	9	99
14 FAT	HER'S NAME		unnut.			15. MOTHE	R'S MAIDEN NAM							
CPL	John		C	Fisher	Sr.	Kat	therine	M	AIDDLE		S	Lacu		
	AS DECEASED EVE			166 SOCIAL SECL	RITY NO.	17 INFORA	MANT		ADDRES	S				~
(YE	NO NO OR UNKNOWN)	(IE YES, GIV	E WAR OR DATES)	222-58-3	3121	John	c. Fis	her Sr.	112	2 Mu	rrock	Dr	•	
T	18 CAUSE OF DEA	WAS CAUSE	BY:	line far (o), (b), an	d (c).)	he lm	1018111811	at		T	-	APPROXI ETWEEN (IMATE INTI ONSET AN	ERVAL ID DEATH
	7467	IMMEDIAT	E CAUSE (a)	Ca	(Now I'm	move an							
	1102		DUE TO, O	R AS A CONSEQUI	ENCE OF						24 9	3		
	Canditions, if on		(b)	hi	mes	in								
	couse (a), stat underlying caus		DUE TO, OI	ETO, OR AS A CONSEQUENCE & Steins Anonony							224			
	PART 2 OTHER SIC	SNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE O	RCOND	ITION G	IVEN IN F	ART Ite	a	
S			Para	doxial	En	wals								
A	90 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	200 AUTOPS	Y?		ES, WERE			
CERTIFICATION	1972		26	steins a	nom	ly, h	GariTV	YES N	10		YES [AUSES	OF DEA	
E E	210. ACCIDENT WAS U	_	110110 1		AY YEAR	ŽIE. HOW	INJURY OCCURR	RED PENTER NATURE	E OF INJURY	IN ITEM 18	PART I OR	PART 2)		
MEDICAL	OR CONTRIBUTING	,	16		19									
ă T	216 INJURY OCCU	RRED	21e. PLACE			21f. LOCA		-	ITY OR TOW	OM.	(0)	UNIY		STATE
-	WHILE NOT V	WHIIE ORK	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM, ETC)	2140			,			31477		STATE
	220.1 certify that (l) (this hospit	ol) ottended th	e deceased fram_	11/	29	19 8 3	3_, to/2	46		. 19 8	3	that (I)	(we) last
	saw the decea) view the body	198	3_,0	nd that in (m	y) (our) opinian c	deoth occurred o	on the dat	re and ho	our and fi	am the	couses s	tated
t	226. SIGNATURE	(Gia) (Gia nai	view the body	6 A		DEGREE				F2-3	22	c. DATE	SIGNED	
		yas	nest	alin	1	10	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA			E4	1/2	16/8
	226. PHYSICIAN'S	AME INTO	PAHO) ws	D	22e. ADDR	TALMIC	- HOOV	Cais	4	e ox	70	,	

DHMH - 16 50M 4/83 (VRA 15, 4)

IO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion hould be detached for use as the burial-tronsit permit. Then please remove corbanapp (ith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal

ATTENDING PHYSICIAN: The low

etained by the haspital or attending physician

injury, or other traumotic event,

NORTANT: If Hem 21 is morked or Hem 18 shows any

230 BURIAL, CREMATION, REMOVAL Burial

236. DATE 12-9-83 23c NAME OF CEMETERY OR CREMATORY
Odd Fellows Cemebery

Seaford

Sussex

Del".

24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Home. Shipley St. Seaford Crans ton Funeral

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	12 150	.oul	677.5	
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	ones (-442-2	CH LIZE FOR 1. O	5 42 6	27 227 -1
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area.fs	ACTIVITY OF	Makey Sz. r	0	Itifoù
ioceani I	m S. Minima Se. 111			2.32

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici

retained by the haspital ar attending physician

in 72 hours ofter death

injury, ar ather traumatic event, th

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any

STATE OF MARYLAND

PARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
CE	RT	IFIC	ATE	OF	DEATH		

' -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	NO.		
	CEASED NAME	FIRST EDNA		NIDDLE		ITZGERALD	20. DATE OF DEATH	-83	AY YEAR	35 AM
3 SE	Female		4.RACE White		5. DATE		6. AGE (IN YEARS LAST B	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Ma	RTHPLACE (STATE OR POUNTRY)		U.S.		WIDOW			TORCE	City	MD.
Ва	altimore		(IF NOT IN SUC	HEACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi	OF WORKING LIFE		OF BUSINESS OR
130. S Ma	al RESIDENCE (IF NUR STATE Aryland	13b. COUN	OTHER INSTITUTION, ITY	Baltimos	7	134. INSIDE CITY LIMITS?	13g STREET ADDRESS 2038 Whis		venue	21230
	THER'S NAME FIRST Howard		F.	Collis		15 MOTHER'S MAIDEN NAI	E.			omas
16a V	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	215-28-5		James M. Fi	tzgerāld 2	2038 Wh		Ave.
IIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last		DUE TO, OF DUE TO, OF DUE TO, OF (c) CONDITIONS CO	R AS A CONSEQUE	NCE OF		garrest	20b. IF YES.	EN IN PART 10	NGS USED
MEDICAL CERTIFICATION	220.1 certify that (I	CAUSE OF DEA	21e. PLACE (AT HOME. STR 21o. PLACE (AT HOM	M. MONTH DA M. DEFINJURY EET, FACTORY, OFFICE, F. deceosed from 19	19 ARM, ETC)	211 LOCATION STREET 19 S 3 nd that in (my) pointion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	city OR1	dote and hour	COUNTY	
	BURIAL, CREMATION	, REMOVAL	23b. DATE 12/10	23c N		CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Buria UNERAL DIRECTOR Ibbard Fun				212	47	E REC'D. BY REGISTRA	R 25b. REGISTI		Md.

(VRA 15, 4)

24. FUNERAL DIRECTOR
NAME
Hubbard Fur DHMH - 16 50M 4/82

DEPARTMENT OF HEALTH AND MENTAL HYGIERE

3	2	9	1

5

1.	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO				
	CEASED NAME FIRST BESSI		FL.	AX	20. DATE OF DEATH	2 22	83	3 45 3 4M	
3. SE	EMALE	4. RACE	HITE 5. DATE C	04	6. AGE TINYEARS LAST BIRTI	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	RTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	US	/† WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OF BALTIMO	RE CITY			
II.C	BA LTO	(IF NOT IN SUC	HOSPITAL, NURSING HOME OF HEACILITY, GIVE STREET ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE) IN	DUSTRY	HOME	
13a.	BAXXXXX		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN BALTIMORE	13d INSIDE CITY LIMITS? YES NO [3800 W	BELL BELL	VED	ERE 2121	
14. F/	ELI	MIDDLE	SINGER	ANNA	WIDDIE	UNK	NOWN [°]	51	
	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECURITY NO.	3916 ALGIERS			MD	21133	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT			ITION GIVEN IN	I PART I	io c	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WEF IN CERTIFYING YES			
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	AIH	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM TO PART TO	R PART 2)		
ME	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET_FACTORY_OFFICE, FARM_ETC.)	STREET	CITY OR TOV	/N C	OUNTY	STATE	
	220.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	n	after death.	nd that in (my) (our) opinion		te and hour and	Irom the		
	276 SIGNATURE STU	Some		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF			22-83	
	JOHN	You!	WG	SINA 1 H	tosp of	BALTIM	70人	E	

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove cortion paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

After this certificate has been signed

ony injury, ar ather traumatic event

IMPORTANT: If Hem 21 is morked or Item 18 show

SOL LÉVINSON & BROS., INC. RSTOWN RD. BALTO., MD 2 24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

230. BURIAL, CREMATICAL REMOVAL

FOR

DEC. 23, 1983

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE-DEC 2 9 1983

21215

23c OME OF FAKOV SBETHAT TORALL COMMUNICATION RE

MARYLAND STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TATE EGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	D.		
DECEA	ASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	26. HOUR
ALL E OR I				עובט וט		2 17	83	1.00
2	FRED			HER, JR.	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 H
¥ X	1	I RACE	5. DATE	OF BIRTH TH DAY YEAR	O. AGE (IN YEARS LAST BIRT		NIHS DAYS	HOURS M
di	Male	White	Jan	2, 1918	65	YRS	8.11	
76 BIRTH	PLACE (STATE OF FOREIGN 7	b. CITIZEN OF WHAT C	OLINTRY? 8		9. BALTIMORE CITY O	R COUNTY O	FDEATH	
1000	Vash., D.C.	USA		ED NEVER MARRIED	Baltimor	o City		
			WIDOW	OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND OI	F RUSINESS
10. CITT		(IF NOT IN SUCH FACILITY		OK OTTEK HASHIOTOTA	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
1	Baltimore		lemorial		Architec		H.S.	
13a. STA	RESIDENCE (IF NURSING HOME OR C		DENCE BEFORE ADMISSION Y OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	nainee	rina	Corp.
	ND ISLECTION		altimore	YES X NO	729 Glads	tone A	VE 2	1210
	ER'S NAME		ALCH HOLE	15. MOTHER'S MAIDEN NA		COILE /	100	1-10
	FIRST	NIDDLE	LAST	FIRST	MIDDLE		EAST	
		A. Fletch		Helen		Bar	nes	
	DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRE	55		
			34 6219	Mrs. Kathe	erine K. F	letcher		Same
	CAUSE OF DEATH (Enter only			1 0 . ,				MATE INTERVAL
	cause (a), stating the							
P/	anderlying couse lost. ART 2. OTHER SIGNIFICANT CO	(c)	TING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART No	
P/		onditions <u>contribu</u>	ITING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONI	206 IF YES, V IN CERTIFYIN YES [VERE FINDIN	GS USED
CERTIFICATION 130	ART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBLE 196 CONDITION FO	ITING TO DEATH BU OR WHICH OPERATIO	ON WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YESX NO	206 IF YES, V IN CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	ART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBL 196 CONDITION FO 216. TIME OF INJUR HOUR A.M. MC P.M. 218. PLACE OF INJU	DTING TO DEATH BU DR WHICH OPERATION Y DNTH DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YESX NO	20b IF YES, V IN CERTIFYIN YES [TY IN ITEM 18, PART	VERE FINDIN NG CAUSES	GS USED OF DEATH? NO 🗌
MEDICAL CERTIFICATION	ART 2. OTHER SIGNIFICANT CO	21b. TIME OF INJUR HOUR A.M. MC P.M. 21a. PLACE OF INJU (AT HOME, STREET, FACTO OI) oftended the decear	DR WHICH OPERATION Y ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) sed from	21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO CENTER NATURE OF INJUST CITY OR TO	206 IF YES, V IN CERTIFYIN YES I	VERE FINDING CAUSES I OR PART 2) COUNTY	GS USED OF DEATH? NO STATE hamil (we)
MEDICAL CERTIFICATION 120 121 122 130 141 150 150 150 150 150 150 15	ART 2. OTHER SIGNIFICANT CO D. DATE OF OPERATION D. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT RECONTRIBUTING CAUSE OF DEAT RETURN NOTIFY MEDICAL EXAMINER) D. SITTLE CONTRIBUTING CAUSE OF DEAT ALL WORK AND CONTRIBUTING CAUSE OF DEAT ALL WORK AND CONTRIBUTING CAUSE OF DEAT SOW THE CENTRY THAT CAUSE CAUSE SOW THE DECENSE OF OWNER SOW THE CENTRY THAT CAUSE SOW THE CENTRY THAT	ONDITIONS CONTRIBLE 19b CONDITION FOR THE CONDI	DR WHICH OPERATION Y ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) sed from	211. LOCATION SIREET 219 30 and that in-Lawy) (our) apinion DEGREE ATTENDING PHYSICIAN [20a AUTOPSY? YES NO CENTER NATURE OF INJUST CITY OR TO	ZOB IF YES, VIN CERTIFYIN YES IN THEM 18, PART	VERE FIND IN NG CAUSES I OR PART 2) COUNTY	GS USED OF DEATH? NO STATE hamil (we) couses stated
MEDICAL CERTIFICATION 120 121 122 130 141 150 150 150 150 150 150 15	ART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBLE 19b CONDITION FOR THE CONDI	OR WHICH OPERATION Y ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) sed from 19 ath.	211. LOCATION STREET 219. 19. 3 and that in-(my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	ZOB IF YES, V IN CERTIFYIN YES [VIN ITEM 18, PART VIN ITEM 18, PART	COUNTY COUNTY 22c. DATE	GS USED OF DEATH? NO STATE hawith (we) couses stated SIGNED 7/83
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DHMH - 16 50M 4/B2 (VRA 15, 4)

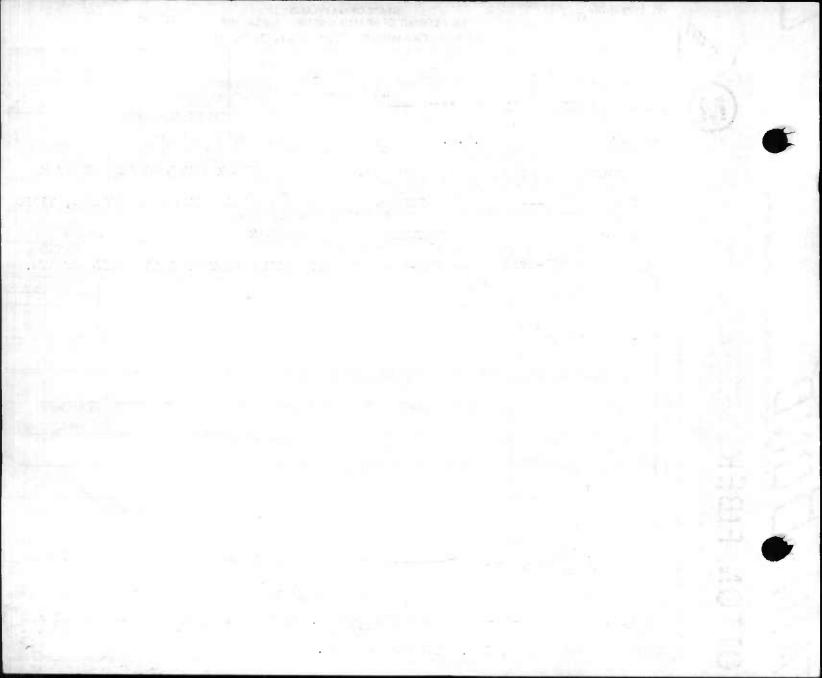
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York Road Sons Co. Balto 21212

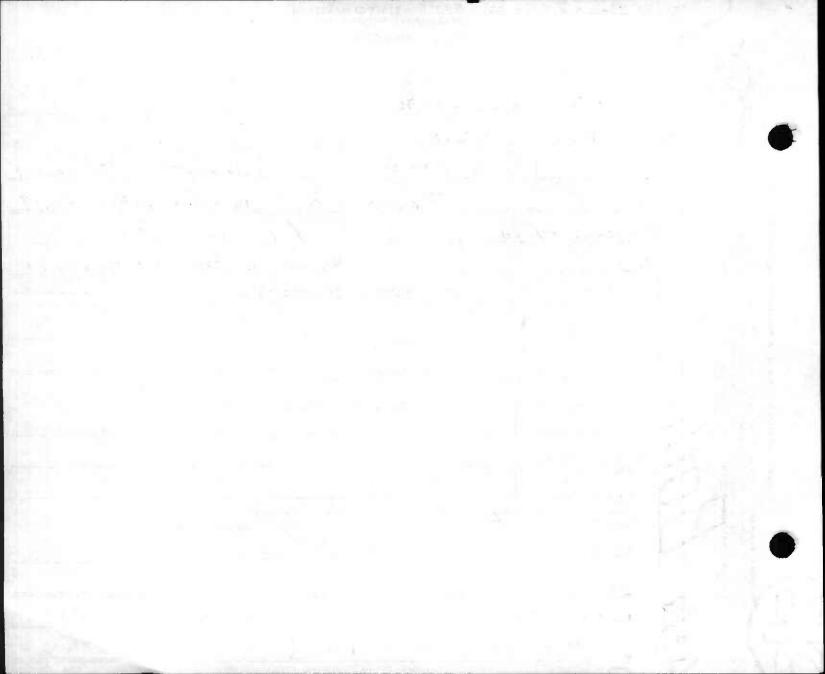
a the first of the second of t Property A. Patenner Polari May 50 84 3218 Mer. Sherton K. Flatshor, Sims My contract in the com the control of the profession of the control of the finished control of the contr Creim ettan (2.1 / Entern unit Hanni N. Jandina bisana Co. HOUSE YORK HOUSE STEEL . WE WEEKEN STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#FilmG586 12/23/83

20M 4/82



	CEASED NA	ME FIRST		WIDDLE	LAST		20. DATE KNO	REG. NO.	
(,,,	C ON PHILAT	Lawso	on		Flo	yd	OF EST DEATH MAT	TED 12	$-24_{19}83$
3, 5E7	M	1. RACE	S. DATE OF BIRTH	YEAR LAST BI	RTHDAY) MONTHS C	YR. IF UNDE	R 24 HRS 20 DATE PRONOUNCED DEAD	MONTH 12:	-24 1983
	IRTHPLACE MEIGN COUNTR		76 CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARI	RIED S P BALTIMORE	CITY OR COUR	NTY OF DEATH
占	4470	. Md.	U. :	S.A.	WIDOWED [DIVOR	CED 🗆 Baltim	ore Cit	4-1
	Baltin		(IF NOT IN SUCH FACE 1914	Harlem	Avenue	ISTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING L		OR INDUS TRUCK
	AL RESIDENCE	E (IF IN NURSING HOME 13b COUL	OR OTHER INSTITUTION, GIV NTY	13c. CITY OR TOW	/N 13d I	INSIDE CITY LIMITS?	13e. STREET ADDRESS	Yem A	V2 21
14 F/	ATHER'S NA	ME	MIDDLE	LAST	15. A	MOTHER'S MAID	EN NAME MIDDLE	7	LAST
160 1	- U G	sed ever in u.s. Al	rmed Forces?	16b. SOCIAL SEC	IRITY NO. 17 IN	NEORMANT	CINDA	DDRESS	076
	ES, NO. OR UNK		E WAR OR DATES)	100. SOCIAL SEC	MV	1	F-11	1914 H	AR Len
	18 CAUSE	OF DEATH (Enter a	inly one cause per line	for (a), (b), and (c).)	0.1/4001		11.11.	APPROXIMA SETWEEN ON
	PARTI	DEATH WAS CAUS	ED BY: ATE CAUSE (o)	Acute Et	hanol In	toxicat	ion		SETWEEN ON
	30.	30		AS A CONSEQUEN	ICE OF				
	Condi	ians, if any, which	h						
1	aave	rise to immediat	e / (b)						
	cause	rise to immediat (a) stating the <u>under</u>		AS A CONSEQUEN	ICE OF				
	cause			AS A CONSEQUEN	4CE OF				
7	lying o	(a) stating the <u>under</u> ause last.				ONDITION GIVEN IN P	ART 1 (a).		
MION	PART 2 OTHE	(a) stating the <u>under</u> ause last.	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE OR CO	The Land	ART 1 (a).		28 ALIYORS
FICATION	PART 2 OTHE	(a) stating the <u>under</u> ause last.	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE		The Land	ART 1 (a).		
ERTIFICATION	PART 2 OTHE	(a) stating the <u>under</u> ause last.	DUE TO, OR (c) (c) (S CONTRIBUTING TO DEATH II	IUT NOT RELATED TO THE	TERMINAL DISEASE OR CO	ERFORMED?	ART 1 (g). ED (ENTER NATURE OF INJURY IN	I ITEM 18 PART 1 ORF	20 AUTOPS YES X
AL CERTIFICATION	PART 2 OTHER 19a. DATE 21a. EXTER UNDERLY	(a) stating the under ause last. I SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS NG OR	CONTRIBUTING TO DEATH I	INT NOT RELATED TO THE	TERMINAL DISEASE OR CO	ERFORMED?		I ITEM 18 PART 1 OR P	YES XX
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	PART 2 01HEI 19a. DATE 21a. EXTER UNDERLYII CONTRIBL 21d INJUR WHILE AT WORK 22a I ce death res	(a) stating the under ause last. I SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS NG OR	DUE TO, OR (c) S CONTRIBUTING TO DEATH II 19b. CONDIT 21b. TIME OF HOUR A.M. E DEATH P.M. 21e PLACE C STREET, FACTI 23b DATE 23b DATE	INJURY MONTH DAY OF INJURY AMONTH DAY OF INJURY (AT HOA ORY, FARM, ETC.)	TERMINAL DISEASE OR CO	NJURY OCCURR ON Inspection Hamicide ITLE (SPECIFY) USSISTAN RESS 11	CITY OR TOWN Inquiry Undetermined manner MEDICAL EXAMINER	ond in my o	YES XX
23a B	PART 2 01HEI 19a. DATE 21a. EXTER UNDERLYII CONTRIBL 21d INJUR WHILE AT WORK 22a I ce death res	(a) stating the under ause last. I SIGNIFICANT CONDITION DE OPERATION NAL CAUSE WAS NG OR OF OPERATION I NOT WHILE AT WORK I THIS OPERATION OF OPERATION OPERATION, REMOVAL I ATTON, REMOVAL	DUE TO, OR (c) (c) (S CONTRIBUTING TO DEATH II (DEATH 19b. CONDIT (1b. TIME OF HOUR A.M.) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	INJURY MONTH DAY OF INJURY AMONTH DAY OF INJURY (AT HOA ORY, FARM, ETC.)	TERMINAL DISEASE OR CO	NJURY OCCURR ON Inspection Hamicide ITLE (SPECIFY) SSISTAN RESS 11 EMATORY	CITY OR TOWN CITY OR TOWN Inquiry Undetermined manner MEDICAL EXAMINER Penn Stree	ond in my o	PART 2) COUNTY OPINION ENED 12-24



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR MAMTE MA	E FLYNN			IEALTH AND MENTAL HYG	REG. N	0		
	ECEASED NAME FIRST		MIDDIE		AST		2/31/8.	26 HOUR 8 75	M
3. St	FEMALE	4 RACE WH	HE	S. DATE O		6 AGE (IN YEARS LAST BIR	YRS	DAYS HOURS MIN	
	COUNTRY)		WHAT COUNTRY?		D NEVER MARRIED	PAT INTMODE			
	ATTO MD	U.S.A.	ORD BUILD	WIDOWE C	DR OTHER INSTITUTION	BALTIMORE 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. K	IND OF BUSINESS O	AD.
		BALTIMO	RE CITY H	OSPIT			HOMEMAKER		
13a.	JAL RESIDENCE (# MURSING — E OR STATE ***********************************	OTHER INSTITUTION ITY IMORE	13c. CITY OR TOW	N	13d Inside City Limits?	13e.STREET ADDRESS A		21222	
P. F	ATHER'S NAME FIRST ELMER	MIDDLE	DEAN.		15. MOTHER'S MAIDEN NA	UNKNOWN		tAST	
		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT	ADDRE			
	NO 18 CAUSE OF DEATH (Enter on		218.12.2		DORIS M. SEI	SMAN SAME	AS 13e.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	=
z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	(b) DUE TO, O	R AS A CONSEOU	ence of	3	NINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(o	
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	OF INJURY .M. MONTH D/ .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART I OR PA	ART 2) ·	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUP	NIV STATE	
	220. Signature South deceased alwern above (1) Whis hospin south deceased alwern above (1) When (did) (did not 220. SIGNATURE Selva / We	view the body	30 19	0			ote and hour and fro		/
	22d PHYSICIAN'S NAME (TYPE O	S WEK	THETTE	R	5200 E	ASTERN	AVE		
	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		
	JRIAL FUNERAL DIRECTOR	1/4/1	984 OA	K LAW	N CEMETERY	BALTIMORE TE REC'D. BY REGISTRAR		MARYLANI)
TATO	NAME DECOVE DOWN	ביי דען	ADDRESS	TZ MT	27222		Salu S	L Court	

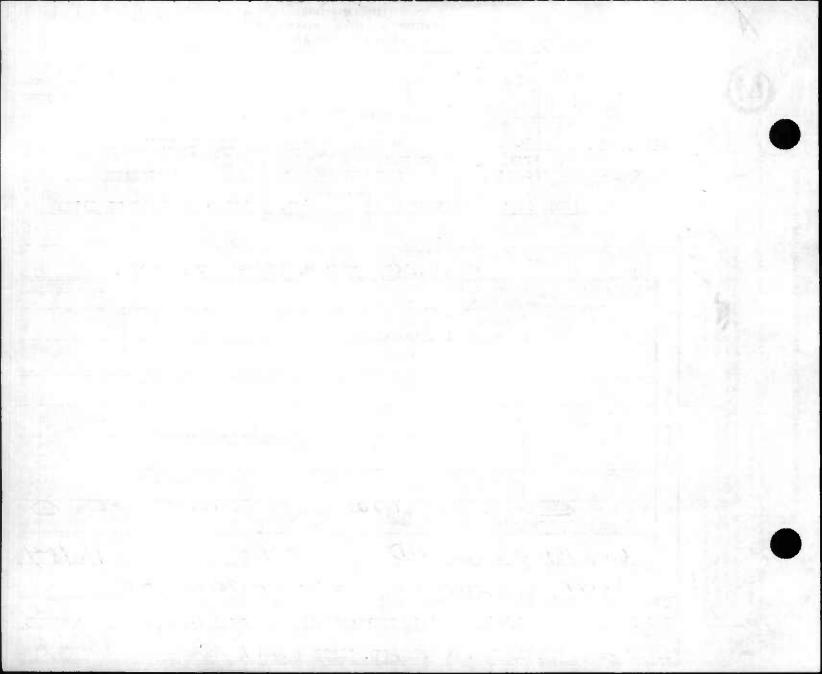
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event,

MPORTANT: If Hem 21 is marked or

74 FUNERAL DIRECTOR
NAME
WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222



injury, or other traumatic event,

IMPORTANT: If them 21 is morked or Item 18 shows ony

O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and compilent filled in by the fundament of page 3 should be detached for use as the build-transit permit. Then please remove carbon pages is though be titled within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND M CERTIFICATE OF DE		REG. NO).		X,		1
1. DECEASED NAME FIRST	MIDDLE	LAST .		a DATE OF DEATH	HINOM	DAY Y	EAR 7	ь ноу	R5
Frederick	G	Foedisch		1	2	22	83	2	PM
3. SEX	4. RACE	5 DATE OF BIRTH		AGE IN YEARS LAST BRT	HDAY)	IF UNDER		HOURS	24 HRS
/ male	W hite	06 30	902	81	YRS.	WOMINS	DATS	NOURS	AA IN.
TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MA	9	BALTIMORE CITY O	R COUNT	Y OF DEA	TH		
Pennsylvania	U.S.A.	The second secon	DRCED	Baltimo	re C	itv			MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTIT	UTION I	2a USUAL OCCUPATE	NC	12b K	IND OF	BUSINE	
Baltimore /		B Hospital		Retired	*************		od C	0.	
USUAL RESIDENCE (IF NURS HE HELD	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)							
Many land			Y LIMITS?	1719 Arli			enue	2	1227
Maryland Ba.	CIMOLE NO.	15. MOTHER'S	6.40		119 001	710	eria	-	1
FIRST	MIDDLE LAST	F+	RST	MIDDLE			LAST	til	1
Otto 160 WAS DECEASED EVER IN U.S. A		disch SECURITY NO. 17. INFORMAN	Lillian	ADDRE	22		rios	111	Ter
	IVE WAR OR DATES)						_ 11	477	
No	160-	03-3063 Mrs.	FTTGL	n Foedisch	5	ame a	PPROXIMA WEEN ON	13	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF Carcin	othe termin	al cell urenany.					
	20170110110	DOTAL DELATED TO		THE DISEASE ON CO.				90	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS PERFOR	MED	20a AUTOPSY? YES ₩ NO□	IN CERT	IFYING CA			H?
	HOUR A.M. MONTH	DAY YEAR 19	JRY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18	PART I OR PA	ART 2)		
OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL FXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	(AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.) 211 LOCATION STREFT	1	CITY OR TO	WN	COUN	NTY	\$	TATE
220.1 certify that (1) (this has saw the deceased alive a above (1) well (did) (did no 27b. SIGNATURE	oitol) attended the deceased from 2 Black ORPRINT) CKEN M.	DEGREE DEGREE PH 22e. ADDRESS	TENDING	MEDICAL STAF	F				
230. BURIAL, CREMATION, REMOVA	L 23h. DATE	23c. NAME OF CEMETERY OR CE	REMATORY	234 LOCATION					
(SPECIFY) Burial	12/24/83	Lorraine Park	Cemete	ry Woodla	ושח	COUNTY	12		d.
1630 Edmondson	ell C. Witzke	Funeral Homes P	A25a. DAIE		25h REGIS		GNATU		4

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

no. come received. goll brown The present deliberated to the second The same of the same of The said of the said of the

A JOHN LOWER DE LA COMPANIE DE LA CO

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	DEI ART	CERTIFICATE OF DEATH	REG. NO.	
I	1. DECEASED NAME FIRST	WIDDIE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
L	IRMA.	MARTIN F	OGELSON	12 - 24	- 83 7.45pm
I	J. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
ŀ	1-EMAL2	CAUCASIAN	4 5 01	82 yrs.	DATE TOOKS AND
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
4	MARYLAND	USA	WIDOWED NEVER MARKIED		City MD
1	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	126. KIND OF BUSINESS OR
ľ	DALTIMORE	SINA! HOS	SPITAL	SALES	E) INDUSTRY
1	USUAL RESIDENCE (# NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		
	MARYLAND		13d. INSIDE CITY LIMITS?	3008 Wood ho	Im AUP. 2123
t	14. FATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	
1	OSWALD 8	MARTIN	JENNIE	MIDDLE L.	1000015
Ť	160. WAS DECEASED EVER IN U.S. AF		URITY NO. 17. INFORMANT	ADDRESS 300	8 Woodhome au
ı	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 212 20	9414 Juanita	21 /	Fogelson 212
ľ	18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), as	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	TE CAUSE (0) MUOCAC	dial failure		
ł	4100	DUE TO, OR AS A CONSEQU	IENCE OF		
ı	Canditions, if any, which	(Myocard	1 1 - 6 1 - 1		
I	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU			
ł	underlying cause last.	(c)	SERVEL OF		
ı		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
I	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
]	S 190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 AF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
1	ET .			YES NO YES	
1	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
I	OR CONTRIBUTING CAUSE OF DE	AIR	19		
1	UF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
I	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	PARM ETC.)		
l		ital attended the deceased from.		, to	19_83 , thor () (we) tast
ı	saw the deceased glive or above, (Diwey did did no	ot) view the body ofter death.	83 , and that in (our) opinion	n death accurred on the date and hour	and from the couses stated
ı	22b. SIGNATURE		DEGREE		224. DATE SIGNED
	Druce Lash	baum.	NO. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/24/83
1	TTO PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	-1101-	00.4
	BRUCE Rosh	baum	Sinai Hos	ipital Baltimore	, Md.
1	236 BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	BURIAL	Dec. 28, 1983	PARKWOOD CEM.	PARKUHE B	al Trucca Mil
	24 FUNERAL DIRECTOR		75A R	TO ECD. 100 AISTR STUCREGIST	Jos Blacky
-	MITchell-Wie	defeld Home	6500 YORK Rd JAN	0 100 . 0	
-					

etained by the hospital ar

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plantable detached for use as the burial-transit permit. Then please remove carbana with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at imm

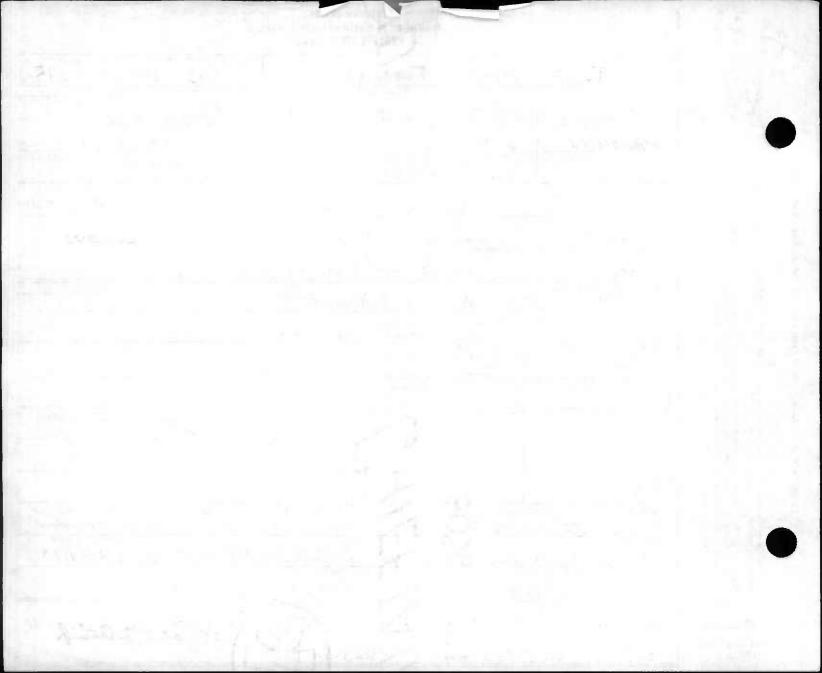
attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

injury, or other traumatic

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IMPORTANT: If Hem 21 is



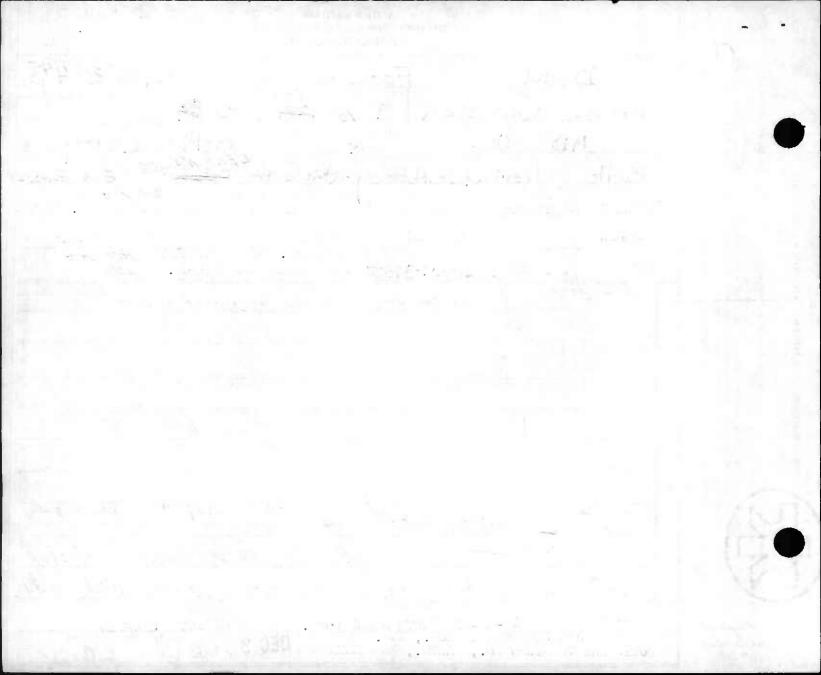
1.	FOR - STATE REGISTRAR			DEP		ICATE OF DEAT		E REG. NO.			
	CEASED NAME	avio		WIDDIE	Foo	lesman	71	DATE OF DEATH MONT	2/24/8	3 4	15,
	Male (STATE OR PC COLINGIA)	Z	auca	S) a	S DATE C	15 18	2 4	90 99 BALTIMORE CITY OR CO	YRS.	MAIL HOURS.	A HES.
)a.c	Ballo	D			URSING HOME O	ON OTHER INSTITUTION	the same of the sa	Caltim LESS MAL	ONE ISA KIN INDUS ENDUS		MD. ISS OR
13e.		BALTIM		BALTI		VES NO	2007	STREET ADDRESS 7202 VALLEY	COUNTRY	CT. #2	21208
19. 5.	SAMUEL	ME	2018	FOOKS	MAN	ANNTE	IEN NAME	MODIE	5	SCHERR	
	WAS DECEASED EVER I		ED FORCES?		SECURITY NO.	17 INFORMANMR 7202 VA		RA BERNMARDT COUNTRY CT.	#21208	AY	
TION	Canditions, if any, gove rise to imm couse 101, stating underlying cause	ediate y the last. IFICANT CO	DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CON			HE TERMINA	AL DISEASE OR CONDITION 200 AUTOPSY? / 200			
CERTIFICATION	190 DATE OF OPERAT		21b. TIME O	3	VHICH OPERATIO				CERTIFYING CAL	JSES OF DEAT	
MEDICAL C	OR CONTRIBUTING C C. (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHITE AT WORK AT WORK AT WORK	AUSE OF DEATH AL EXAMINER) ED	HOUR A. P. 21s. PLACE	M. MONTH M. OF INJURY	DAY YEAR 19 DEFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNT	- 44	STATE
	saw the decease above, all (we) (di 22b. SIGNATURE	d alive an_	ottended the	74	19 83. a	, 19, and that in (#) (our) to	82 opinion deo	, to		, that & (v the couses sta ATE SIGNED	
	224 PHYSICIAN'S NA	ME (TYPE ORP	RINT) O.	Ku	mV.	may ATTEN	CIAN D	MEDICAL STAFF IRECTOR PHYSICIAN		1×1/	83 Sf.TA.
	BURIAL, CREMATION, F		12-26	-83	BETH JA	EMETERY OR CREMA		23d LOCATION CHYORTOWN FTNK SPLING	CARROLL	3.45	STATE
24 F	UNERAL DIRECTOR S 6010 REIS	OL LET TERST(INSON	& BROS	S., INC.	21215	DEC	3 0 1983	EGISTRAR'S SIG	NATURE	1

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept of Health and Mental Hygiene priar to burial, crematian, ar remayoli.

MACRIANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached far use as the burial-transit permit. Then please remove carban papers. Pages Land 2 shauld be filed within 72 hours with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remaval.

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather traumatic event, the medical

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executed within 24 hours after death. Page

STATE OF MARYLAND

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	REG. N	10.		1			

ų d	1 -	STATE REGISTRAR		DEI ART	CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST ALFRE		NODLE	FOOTE	JR.		2a. DATE OF DI	12	6	VEAR 83	2b. HOUR	M
	3. SEX	MALE BLACK			S. DATE OF	⁶ 09	70°9	6. AGE (IN YEAR	YE	MONTH		IF UNDER 2	4 HRS
		CUNTRY MD.		WHAT COUNTRY? JSA	MARRIED WIDOWED	NEVER MA	RRIED -	BALTIN	10RE	Ty	DEATH		MD.
7	DA	LTO.		OSPITAL, NURSIN HFACILITY, GIVE STREET NINGTON		OTHER INSTITU	NOITU	120. USUAL OC	CUPATION OR MOST OF WORKIN		B. KIND O NDUSTRY	F BUSINES	SOR
	USU A 13a. S	LE RESIDENCE (IF NURSING HOME OF TAKE)		BALTO	E ADMISSION)	13d. INSIDE CITY YES X N	LIMITS?	730 NE	DRESS WINGT	on A	VE	212	7
>	AL	FRED	WIDDLE	Foote,	SR.	IS. MOTHER'S M	57		AIDDLE	#="	LAS		
		/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES?	213-18	-6388	TIRAN.		TE 730	ADDRESS NEWI	NGTO	N A	/E_	
	NO	PART I. DEATH WAS CAUSE 1 D 2 IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFIC ANT COURTS IN COU	DUE TO, OR DUE TO, OR DUE TO, OR (c)	R AS A CONSEQUENTING TO		SEN VS		INAL DISEASE C	PR CONDITION	GIVEN	Y PART I	05,	
1	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH	OPERATION				10 P	YES [CAUSES	OF DEATH	1?
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE CHE ETHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A./	M. MONTH D		21f. LOCATION STREET		RED (ENTER NATUR	E OF INJURY IN ITEA		COUNTY	STA	ATE
		22a.1 certify that (I) this may sow the deceased alive or above (I) (an AIII) (did no TITE)	10-	03 19		GREE ATT	ENDING _	death accorred a	STAFF _				
	22- 0	THE HET SICIAN'S NAME OF THE SECOND	Z DATE	Tyso		22. ADDRESS	43 BA	DIRECTOR	· Ki	d	21	21	7

DHMH - 16 50M 4/82

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(VRA 15, 4)

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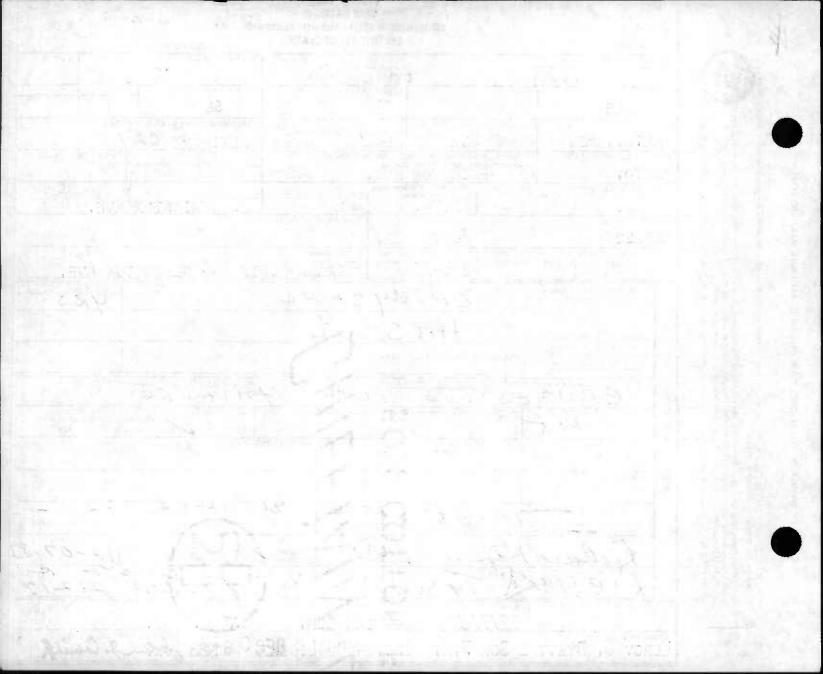
12/7/83

WESTVIEW CEM.

COUNTY

STATE

DYETT & SON F. HADDRESS INC. 4600



executed within 24 haurs after death. Page 4 may be

deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar other traumatic event, the

FOR STATE REGISTRAR

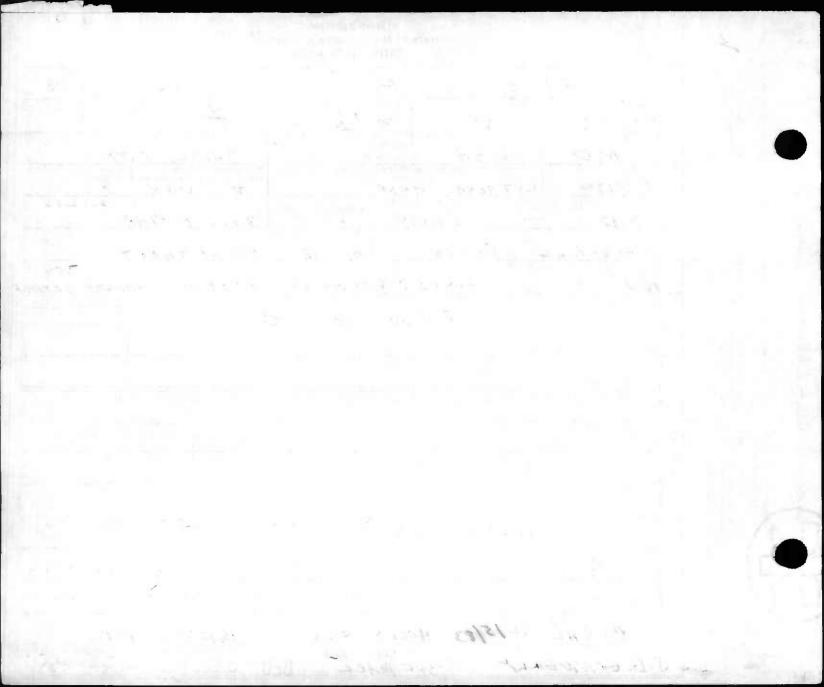
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ri-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
	CEASED NAME FIRST	' · - "	IDDLE	ist /	2a. DATE OF DEATH	MONTH DAY YEAR	10.77001
	El	218	1-6	10/18/		12-3-83	M
3. SE	Female	4. RACE	5. DATE O		6. AGE TIN YEARS LAST BI	RTHDAY) IF UNDER 1 YE MONTHS DAT	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
MD			VIDOWE WIDOWE	D DIVORCED	BALTO, CITT MD.		
10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LUTHERAN HOSP			R OTHER INSTITUTION	178. USUAL OCCUPAT		O OF BUSINESS OR PRY
	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN ALTO	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	POPLAR	-1216
14. F/	THER'S NAME FIRST ACHARIA	MIDDLE	OO'TE	15. MOTHER'S MAIDEN NAME FIRST	BURKE		LAST
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	309
((YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	22003 9076	MELVIN	BREHM	1 CANOR	Y TERRAL
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)						OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Preumonia · Sepsis.						
17	DUE TO, OR AS A CONSEQUENCE OF						
N	Conditions, if any, which gave rise to immediate						
	couse (a), storing the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF						
	(c)						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO			IN CERTIFYING C		20b. IF YES, WERE FINING CAUS	
EE .	710. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE			
	OR CONTRIBUTING CAUSE OF DE	AIII	A. MONTH DAY YEAR				
EDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY	71f. LOCATION	CITY OR TO	OWN COUNTY	STATE
8	MMILE NOT WHILE AT WORK	(ATHOME SIN	EET, FACTORY, OFFICE, FARM, ETC.)	310201			0,747.6
	22a. I certify that (1) (this haspital) attended the deceased from 1943, to 1943, to 1943, that (1) (we) last saw the deceased alive an 1943, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death.						
	276. SIGNATURE DEGREE						TE SIGNED
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 12-3-83						
	A mathew: 220 ADDRESS Lutheran Lospital 73 APhbeuten Ave						
	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	BURIAL	12/5	183 HOLLY	HILL	BALT	O, MD	STATE
24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS							
	J.B. CONNE	LLY	300 M	ACE DE	C 6 1983	Johnor	wasey

DHMH - 16 50M 4/82 (VRA 15, 4)

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

ar ottending physician.

etained by the haspital

, ,		CEASED NAME FIRST	N M. FOWLER		LAST	REG. NO.	YEAR 26. HOUR
	(TYP)	LILL	IAN M	1. Fi	OWLER	12-27-83	10-0
6	3. SE	FEMALE	1. RACE WHIT	F	TE OF BIRTH ONTH DAY YEAR ALL 04	79	# UNDER I YEAR IF UNDER 24 HE
1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH
2.39		CANADA	CANADA		RRIED NEVER MARRIED !		
4		BALTIMORE	(IF NOT IN SUCH FACIL	TAL, NURSING HON		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126. KIND OF BUSINESS OF INDUSTRY
19	130.5		JNTY 13c C	SIDENCE BEFORE ADMISS ITY OR TOWN RRISON	YES NO X	166 FRANKLIN	1 AVE, 999
56	14. E/	ATHER'S NAME FIRST JOHN	WIDDLE	FFAT	15. MOTHER'S MAIDEN I	WIDDLE	DUCLOS
medicor				ocial security N	0.0	ADDRECTATIONS gela Fowler-Young-	sville 21228 6153 Regent
ic event, th	7	18 CAUSE OF DEATH LENter PART I. DEATH WAS CAUS	ATE CAUSE (0)		ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
y, ar ather trau		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE C	BUT NOT RELATED TO THE TE	A (PWEUMOCOCCAL)	PAYS NINPART 190
now judan	CERTIFICATION	ASCUD 190 DATE OF OPERATION	196 CONDITION		NOUTE ACU	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
e 9 9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAUT	MONTH DAY YE	AR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT (OR PART 2)
H OT H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.	JURY CTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
rke		22a I certify that (I) (the has sow the deceased alive a above, (I) (are) (did) (did)	100	~ ~ ~	The state of the s	3 , to 12-27 1 on death occurred on the date and hour	
m 21 is marked				N	DEGREE	MEDICAL STAFE	22c. DATE SIGNED
IMPORTANT: If them 21 is marked		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	eats)	aur	PHYSICIAN 22e ADDRESS CO	MEDICAL STAFF DIRECTOR PHYSICIAN DECOURS	12-27-83 HOSPUTAL

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO A MARINER OF THE STATE OF TH WITH THE PARTY OF . Wester officers. · I share to a manage of the second of the s The second procurated think to care the party Lacy i. a could be died formers input it. di a artisti, describiti del del compresso del del del compresso del del compresso del

TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate the execution

etained by the haspital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and is should be detached for use as the burial-transit permit. Then please remove corbempaters. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remarkel.

completely tilled in by the funeral direct. I and 2 should be filed within 72 hears.

within 24 hours other

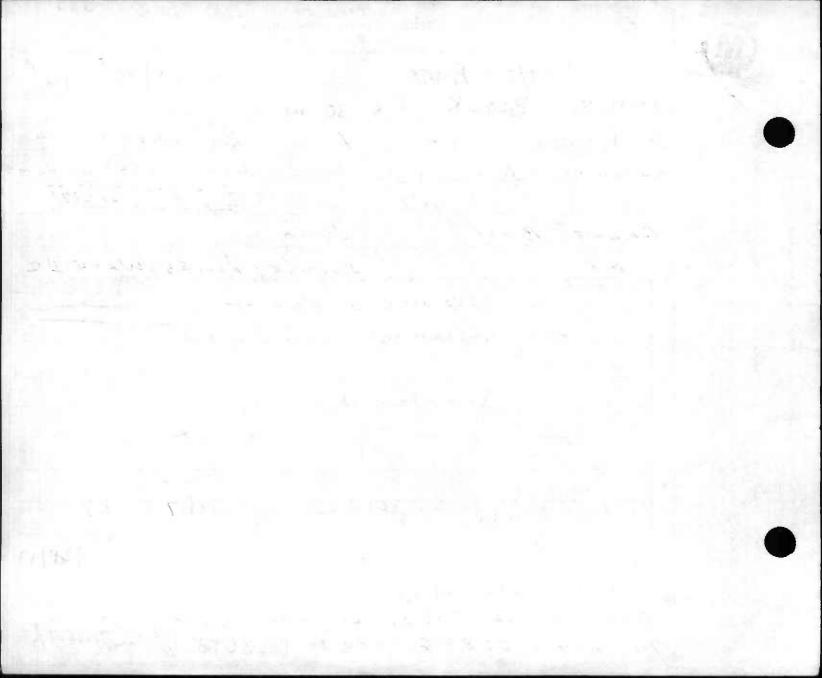
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY	GIENE REG. NO.		
T. DECEASED NAME (TYPE OR PRINT)	etto F	rank	£ASI	20. DATE OF DEATH MON	183	26. HOUR
Female	Black	K	TE OF BIRTH ONTH DAY YEAR 30 14	6 AGE (IN YEARS AST BIRTHDA	MONTHS DATS	HOURS
70 BIRTHPLACE I VATE OR FOREIG	un U.	S. A WIDO	RRIED DEVER MARRIED DOWED DIVORCED	BALTIMORE CITY OR CO	20166	74
Baltemore	Duries	GILITY, GIVE STREET ADDRESS	sy Home	120 USUAL OCCUPATION	RUNGLEED THELISTRY	
ma		CITYOR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	P.13.12	3F.
GRENT CREAT	130-11	LAST	15 MOTHER'S MAIDEN NA	WIDDIE	1.4.57	
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. GIVE WAR OR DATES)	SOCIAL SECURITY N	SHINE SHINE	y James	WAGH	AATE INTERVA
	DUE TO, OR AS	A CONSEQUENCE C	BUT NOT RELATED TO THE TER/	minal disease or condition	DN GIVEN IN PART 110	
NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION	Or WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 201 IN	IF YES, WERE FINDIN CERTIFYING CAUSES YES []	GS USED OF DEATH
On COLUMNIC COLUMN	F DEATH HOUR A.M.	MONTH DAY YE	AR 21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	TEM TB PART OR PART 2)	
THE STATE NOTIFIED ALEXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	NJURY ACTORY OFFICE FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY	STA
27a I certify that (I) (this saw the deceased all above, (I) (wi) (did) (c	17 11/	19 8	, and that in (my) (aur) apinion	ta ta the dote a	- /	
THE PHANSICIAN'S NAME	Melieus		ATTENDING PHYSICIAN 22 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		28)
MOGES 230, BURYL, CREMATION, REMO	Gebrew VAL 123b. DATE		OF CEMETERY OR CREMATORY	23d LOCATION		
24 FUNERAL DIRECTOR	4 12/29	3 / 4 6	WHOPEWEL	CITY OR TOWN		C STA

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	
DECEASED NAME TYPE OR PRINT) SOVING	WIDDE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
	. 6,	Franklin	12/14/	83 11:05 AM
Female	Caus.	5. DATE OF BIRTH	EAR SAGE (INYERSLAST BIRTHDA	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN Ary land	16 CITIZEN OF WHAT COU	MARRIED NEVER MARR		
Baltimore	SINGLE FACILITY, GIV	NURSING HOME OR OTHER INSTITUT E STREET ADDRESS)	1 (2)	12b. KIND OF BUSINESS OR
SUAL RESIDENCE (IF NURSING HOMES OF STATE NO COL	Pike.	13d. INSIDE CITY LI YE NO 15 MOTHER'S MA	DEN NAME	regh ed 21208
John Gensle:	Z MIDDLE	FIRST	Emma Wath	nerstine LAST
WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	L SECURITY NO. 17. INFORMANT	Mr. Benjamina HESS	ranklin III
18 CAUSE OF DEATH LENTER OF PART 1. DEATH WAS CAUSE 445 Conditions, if ony, which gove rise to immediate	TE CAUSE (a) SCO	psis	9	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the underlying couse last	DUE TO, OR AS A CON			
PART 2 OTHER SIGNIFICANT	failure	IG TO DEATH BUT NOT RELATED TO T		ON GIVEN IN PART I 10
12/3/83	leaking	WHICH OPERATION WAS PERFORMED	Sam YES NO	b IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME STREET, FACTORY.	OFFICE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	A 14 A 24A	20	opinion death accurred on the date of	, 19 3 , that (I) (we) last and hour and from the couses stated
22b. SIGNATURE		DEGREE		22r DATE SIGNED

ATTENDING PHYSICIAN

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRES

Pikesville

Baltimore MD.

Druid Ridge Cemetery 12-16-83 74 FUNERAL DIRECTED Fing Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD. 21133

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If hem 23 is morked or fre should be detoched for use os with the State Dept. of Health O FUNERAL DIRECTOR

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TENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or offending physician.

TO HOSPITAL

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem. 18 shows ony injury, or other troumatic event, the medical

FOR DEPARTMENT OF STATE REGISTRAR CERT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

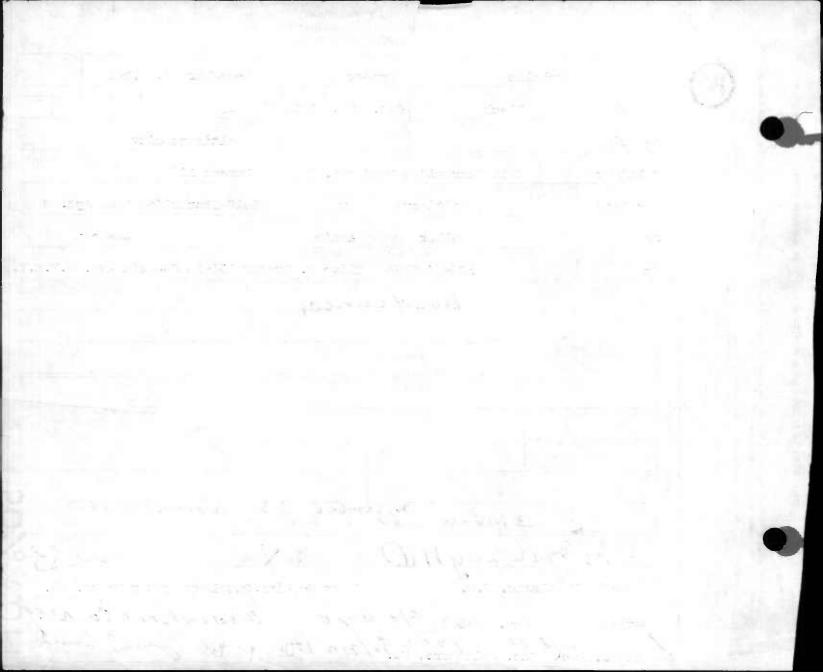
REG. NO

DEC 1983

1. DECEASED NAME	FIRST	1	MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Isabe	elle		Fra	ser		December	1,	1983	M
3. SEX	4	RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THD AY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		Black		Oct.	29,	1924	59	YRS.		HOURS MIN.
To. BIRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER A	AARRIED -	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
Jamacia				WIDOWE		VORCED 😿	Baltimor	e Ci	ty	MD.
Baltimore	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A Sturbridge	DDRESS)			12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NUTSES A1	DF_WORKING		OF BUSINESS OR
USUAL RESIDENCE (IF NUR 130. STATE Maryland	SING HOME OR C		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Baltimos	4	136. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 6810 Sturk	ridg	e Road A	ipt. D
John	M	IDDLE	Walker			S MAIDEN NA	WE		Banabee	-34 en
160 WAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMA	NT	ADDRI	ESS		
NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	105-54-6	755	Clive	F. Fra	ser 155-15	Cond	uit Ave.	N.Y.N.Y
Conditions, if only gove rise to im cause (a), stoti underlying cous PART 2. OTHER SIG	mediote ng the e last. NIFICANT CO	DUE TO, OF	R AS A CONSEQUE	NCE OF		1	20g AUTOPSY?	20b. IF Y	ES, WERE FINDING CAUSES	NGS USED
OR CONTRACTOR	CAUSE OF DEAT	H	FINJÜRŸ M. MONTH DA M.	Y YEAR			RED (ENTER NATURE OF INJU	1		NO []
(IF EITHER NOTIFY MEE 216. INJURY OCCUP WMILE NOT W AT WORK	THILE [21s. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATIO		CITY OR TO)WN	COUNTY	STATE
22s.1 certify that ((this hospito sed olive on (did not	17 Nh	Schools often death.		DEGREE A 22e ADDRES	ATTENDING PHYSICIAN S	deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC	FF CIAN 🗌	our and from the	SIGNED X 83
230. BURIAL, CREMATION		23b. DATE		AME OF C	EMETERY OR C		Tarriage			
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DHMH - 16 50M 4/B2 (VRA 15, 4) FRAL DIRECTOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 2b. HOUR MIDDLE MONTH DECEASED NAME FIRST LIVEE OF PRINTS er man 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS RACE 5 DATE OF BIRTH 3. SEXA DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED 2 DIVORCED 11. NAME OF HOSPITAL, NURSING/HOME OR OTHER INSTITUTION 12b. KIND, OF BUSINESS OR 26. USUAL OCCUPATION
(TYPSOF, WORK FOR MOSS OF WORKING LIFE) CITY OR TOWN OF DEATH NOT IN SUCH ACILITY, GIVE STREET ADDRESS] 12 GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13d. INSIDE CITY LIMITS? 13b. COUNTY NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE emah ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO R INKNOWN) 705-10-59 0 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUF TO, OR AS A CONSEQUENCE OF underlying cause last. Chronic PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH 19 P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this hospital) attended the deceased from_ that (It (we) last and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did nat) view the bady after death 226. DATE SIGNED DEGREE 77h. STGNATURE ATTENDING MEDICAL STAFF 22e ADDRESS 22d. PHYSICIAN I NAME ITHE DEPENT raus 23 MAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE 73s. BURHAL, CREMATION, REMOVAL CITY OR TOWN 250 DATE REC'D. BY REGISTRARIES REGISTRARIES IN DIRECTOR 64

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR:

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deareretained by the haspital or attending physicion.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction is a single burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

MAPORTANT: If Hem 21 is marked or than 11 the same injury, or other traumotic event, the medical contact must be notified of one.

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STATE OF MARCHINE	777
PARTMENT OF HEALTH AND MENTAL HYGIENE	U
CERTIFICATE OF DEATH	

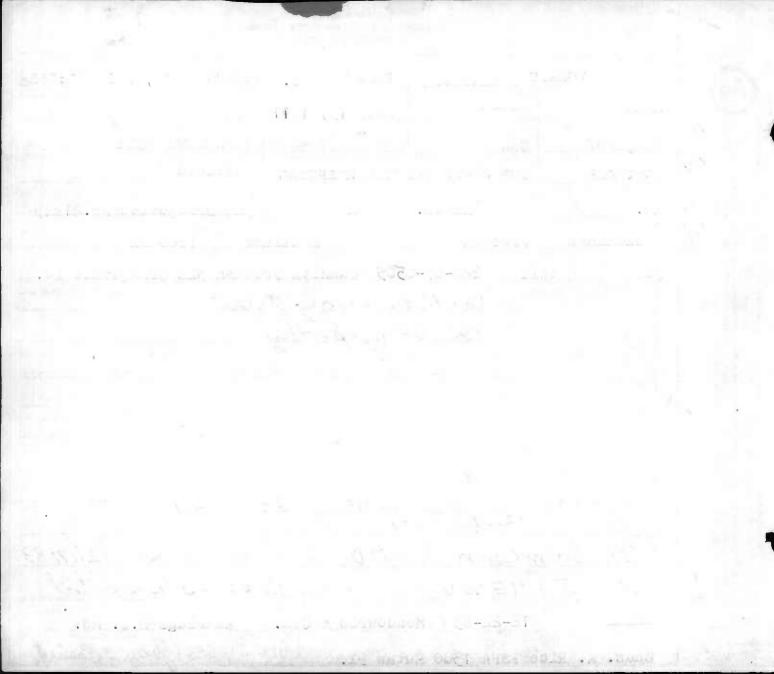
	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HY	rgiene V	5 Z = 3	3 64
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEA	25. HOUR
		ROBEI	WILLIAM		EEMAN Sr.		17,1983	2:25Am
	3. SEX		4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS
-	1	lale	Black	Ju.		72	YRS.	
5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	н
J		laryland	USA	WIDOWI			E CITY	MD.
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b. KIN WORKING LIFE! INDUST	D OF BUSINESS OR
7	BA	LTIMORE	THE JOHNS HO		S HOSPITAL	Retierd	WORKING CITCY 14DOS	ik)
	USUA 13a. S	AL RESIDENCE (IF NURSING HOME CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		1 13d. INSIDE CITY LIMITS?	134 STREET ADDRESS		
)		id.	Balto.		Y66 NO		geview Ro	3 21225
		THER'S NAME			15. MOTHER'S MAIDEN N	AME	SEATEM WI	
У		Williams	Freeman		Lilli	MIDDLE	0.000	LAST
-	16a W	VAS DECEASED EVER IN U.S. A		URITY NO.	17. INFORMANT	ADDRES	eeman	
	,		VII 220-07-	OFOS	Juanita F	reeman 528	D 4 3 4	
3	-		only one cause per line for (a), (b), a		I duantra r	reeman 220	Bridgevi	PROXIMATE INTERVAL EEN ONSET AND DEATH
	- 1	PART I. DEATH WAS CAUS	ED BY:	1.1	man at a l	Frank	BETW	EEN ONSET AND DEATH
		IMMEDIA	ATE CAUSE (o)	pur	monary o	west		
		4254	DUE TO, OR AS A CONSEQU	JENCE OF	1 11			
		Conditions, if any, which gove rise to immediate	(b) COOOL	com	yapathy	1		
		cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
		underlying cause last.	(c)					
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PAR	T lia
	é							
,	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
-	E					YES NO	YES	NO [
1	8	21a. ACCIDENT WAS UNDERLYING		NAV VEAR	21c HOW INJURY OCCU	PRED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PART	(2)
J	¥	OR CONTRIBUTING CAUSE OF DE	LAIN .	19				
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	100		
۱	M	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY OFFICE	FARM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE
	30		pital) attended the deceased from	12	115 108	3 12/1	7 10 8	that (I) (we) last
		saw the deceased alive a	n 12/17 19	83.0	nd that in (my) (aur) apinia	n death accurred on the da	te and hour and from	
		22b. SIGNATURE	at) view the body after death.	_	DEGREE			ATE SIGNED :
		mola	meran	M	ATTENDING	MEDICAL STAF	F A 1	2/17/82
_		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN 220, ADDRESS	DIRECTOR PHYSICI	AND	2111100
		MT	1 MESON		July 1	lablain.	2/	+1
-		11. 01			June 1	opens	Hospi	na _
		SURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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24 FUNERAL DIRECTOR ADDRESS Chas. Rice FSPA 1300 Eutaw 25g. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

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REG. N	10.				
20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
	6 8	22	83	5:	130
6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDI		IF UNDE	-
	YRS	MONTHS	DATS	HOURS	03
9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
BALTI	MORE	5 0	zits	/	ME
120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b	KINDO	F BUSIN	ESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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DECEASED NAME TYPE OF PRINT 3. SEX DATE OF BIRTH MONTH CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) A OLATES WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTO. Cit HOSPITAL OF BA JAL RESIDENCE STATE 13c CITY OR TOWN 13e STREET ADDRESS 445 reinga 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY Prematurity EXTREHE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC. 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 CITY OF TOWN WHILE NOT WHILE 22a.1 certify that (1) this haspital) attended the deceased from , 19.83 ___, and that in any (aur) apinion death occurred on the date and haur and from the couses stated sow the deceased alive an 6-27 above to we) (dia) (did nat) view the bady alter death. DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN 270 ADDRESS SINA! HOSPICAL OF BALTO., INC BELUEDEREYGREED SPRING

O FUT hould with the	MATMERN	STEVEN
5 - 2 3 S	230 BURIAL, CREMATION, REMOVAL	23b, DATE

23c NAME OF GEMETERY OR CREMATORY

COUNTY

22c DATE SIGNED

250. DATE REC'D. BY

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR \$

